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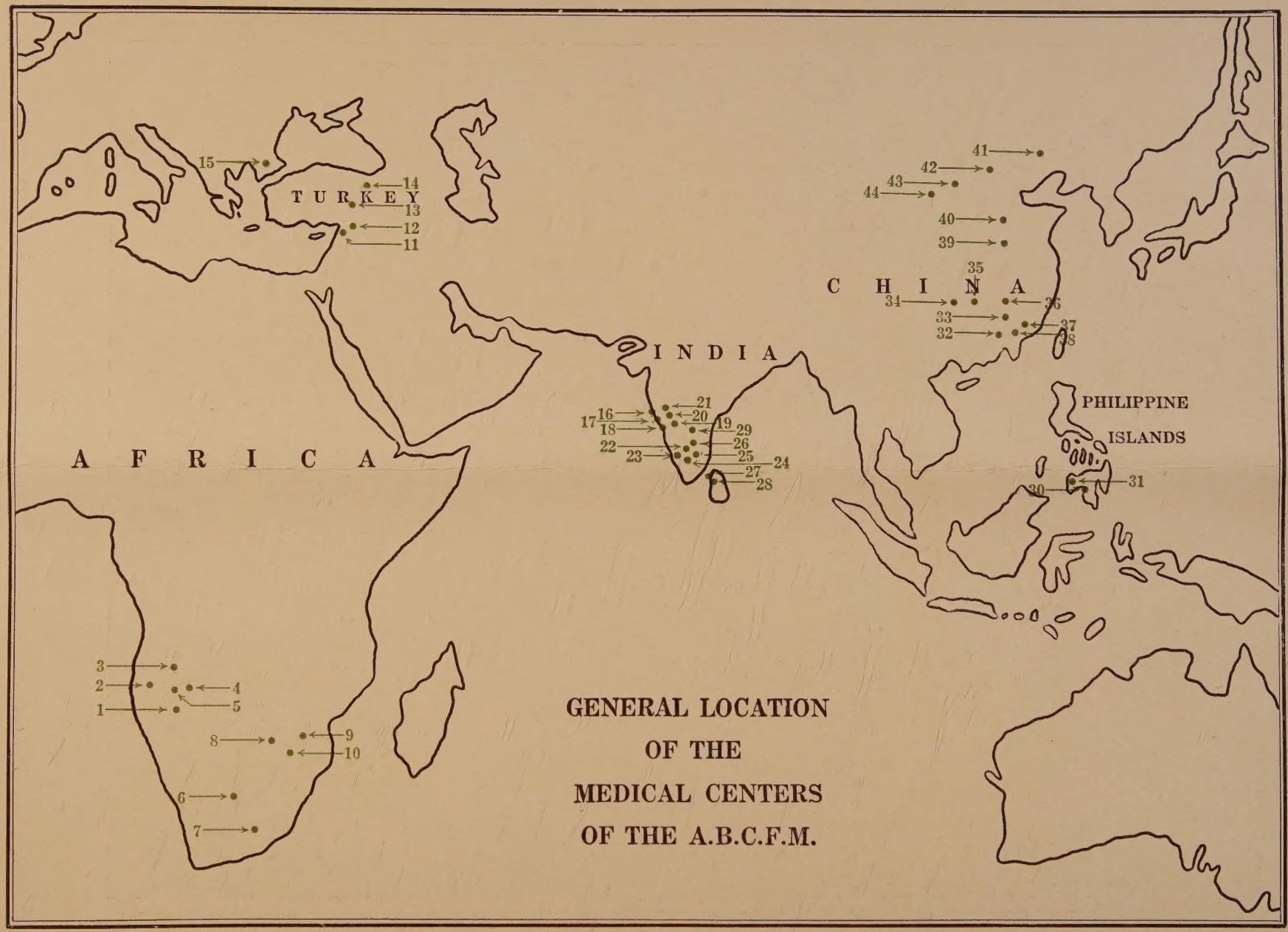
# The MISSIONARY HERALD

*Vol. CXXIV* NOVEMBER, 1928 *Number 11*




**GENERAL LOCATION OF THE MEDICAL CENTERS OF THE A.B.C.F.M.**

# CENTERS OF THE BOARD'S MEDICAL WORK[1]

*See map on opposite page*

1. GALANGUE: Dispensary. Opened 1922. Supported by the Colored Churches of America.
2. SACHIKELA: Dispensary. Founded 1903 by Dr. Frederick C. Wellman.
3. BAILUNDO: Dispensary. Founded 1887 by Dr. Ardell Henry Webster.
4. CHILESSO: Dispensary. Founded 1904 by Mrs. T. W. Woodside.
5. DONDI: Dispensary. Founded 1914 by Rev. William C. Bell.
6. JOHANNESBURG: Bridgman Memorial Hospital. Founded 1928 by Mrs. Frederick B. Bridgman. Three dispensaries.
7. DURBAN: Mission Hospital. Founded 1909 by Dr. James B. McCord. Two dispensaries.
8. CHIKORE: Founded 1913 by Columbus C. Fuller.
9. MOUNT SILINDA: Hospital. Founded 1912 by Dr. William Lamarcus Thompson.
10. GOGOI: Dispensary. Founded 1917 by Dr. William T. Lawrence.
11. ADANA: American Hospital. Founded 1909 by Rev. W. Nesbitt Chambers.
12. AINTAB: Azariah Smith Memorial Hospital. Founded 1884 by Dr. Frederick D. Shepard.
13. TALAS: American Hospital. Founded 1888 by Dr. William Schauffler Dodd.
14. MERZIFOUN: Anatolia Hospital. Founded 1910 by Dr. Jesse K. Marden. Now closed.
15. CONSTANTINOPLE: American Hospital. Board coöperates with Dr. Lorrin A. Shepard in charge.
16. BOMBAY: Goodwill Dispensary. Founded 1898 by Dr. Gurubai Karmarkar.
17. WAI: N. M. Wadia Hospital. Founded 1913 by Drs. Lester H. and Rose F. Beals.
18. SATARA: Child Welfare Center and Dispensary. Founded 1925 by Miss Lillian Picken.
19. SHOLAPUR: Umedpur Dispensary. For the peopie of the Criminal Tribes Settlement. Kalyanpur Dispensary. For the people of the city.
20. AHMEDNAGAR: American Hospital for Women and Children. Founded 1895 by Dr. Julia Bissell.
21. VADALA: Dispensary. Founded about 1891 by Rev. Henry Fairbank.
22. MADURA: Albert Victor Hospital (men). Founded 1897 by Dr. Frank Van Allen.
23. KODAIKANAL: Maternity Hospital. Founded 1923 by Dr. Frank Van Allen.
24. PASUMALAI: Caroline Clarke Dispensary. Founded 1875 by Mrs. George T. Washburn.
25. MANAMADURA: Leper Asylum. Founded 1913 by Dr. Harriet E. Parker.
26. MADURA: American Hospital for Women and Children. Founded 1885 by Dr. Pauline M. Root.
27. CEYLON: Green Memorial Hospital, Manepay. Founded 1850 by Dr. Samuel F. Green.
28. CEYLON: McLeod Hospital for Women and Children, Inuvil. Founded 1898 by the Misses Leitch.
29. VELLORE: Union Missionary Medical School for Women. With Hospital. Dr. Katharine B. Scott of the American Board on the staff.
30. DAVAO: Mission Hospital. Founded 1908 by Dr. Charles T. Sibley.
31. CAGAYAN: Mission Hospital. Founded 1922 by Dr. Floyd Olin Smith.
32. DIONGLOH HOSPITAL. Founded 1914 by Dr. Charles L. Gillette.
33. INGTAI: Dispensary. Founded 1897 by Mrs. Dwight Goddard, M.D.
34. KIENNING: Dispensary and Hospital. Founded 1923 by Dr. Josephine Kennedy.
35. SHAOWU: Hospital. Men's hospital, founded 1878 by Dr. H. T. Whitney, and women's hospital, founded 1899 by Dr. Lucy P. Bement; combined.
36. FOOCHOW: Missionary Hospital. Founded 1881 by Dr. Dwight W. Osgood.
37. FOOCHOW: Kate C. Woodhull Hospital (for women). Founded 1898 by Dr. Woodhull.
38. PAGODA ANCHORAGE HOSPITAL. Founded 1920 by Dr. Charles L. Gillette.
39. LINTSING: Elizabeth Memorial Hospital. Founded 1906 by Dr. Susan Tallmon.
40. TEHSIEN: Williams-Porter Hospital. The hospital for men founded 1878 by Dr. Henry Porter; the hospital for women opened 1914.
41. TUNGHSIEN: Lu Ho Hospital. Founded 1882 by Dr. Mary L. Holbrook.
42. SHIH-CHIA-CHUANG: Willis C. Noble Hospital. Founded 1923 by the Paotingfu Church Association.
43. TAIKU HOSPITAL. Dispensary opened by Dr. William LaFoy Hall, 1895; Judson Smith Memorial Hospital by Dr. Willoughby Hemingway, 1904.
44. FENCHOW: Harwood Memorial Hospital and Kate Ford Whitman Hospital. Dispensary founded 1891 by Dr. Irenaeus J. Atwood. Present hospital plant including men's and women's hospitals completed in 1924 by Dr. Percy T. Watson.

[1] Dispensaries, in stations, in outstations, or connected with the hospitals, 63 in number.

# THE MISSIONARY HERALD

*The Oldest Periodical in America*

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# THE BOARD'S MEDICAL SECRETARY

By DOROTHY P. CUSHING

A DOCTOR with patients living under thirteen different flags—this is Dr. Mark Hopkins Ward, the American Board's devoted medical secretary, whose duty it is to know who's who and what's what among the more than 700 missionaries of the Board and the 29 hospitals and 63 dispensaries in China, Africa, Syria, Turkey, the Philippines, Bulgaria, India and Ceylon.

Under a surface of professional brusqueness, Dr. Ward makes an unsuccessful attempt to conceal an extra large heart and an unusual depth of human sympathy. Any one who talks with him five minutes finds him out.

No matter how the Doctor may feel about his own history, his is a past that cannot be hidden. Of course, like most men, especially doctors, he is reluctant to talk about himself. But if you *will* do things you must pay the piper of publicity. Dr. Ward shied at an interview. He tried to avoid it in every legitimate way. But he was finally hounded to his lair and interviewed as painlessly as possible.

Since the beginning is always a good place to begin, we find that Dr. Ward was born in Newton, Mass.—this being the only important event in his busy career about which he had little to say. From then on things began to happen with startling regularity.

Following graduation from Amherst College (Class of 1906), Dr. Ward entered the College of Physicians and Surgeons, Columbia University, and finished his training in 1911. Four years of internship in the hospitals of New York City preceded his appointment under the American Board for missionary work in Turkey. The major part of the doctor's time was spent in Constantinople, where he worked in the American Red Cross Hospital which cared for wounded Turkish soldiers.

One reason why Mark Ward became a missionary physician may be found by glancing at his family tree. Here one sees that his mother was the daughter of Rev. and Mrs. Edwin Elisha Bliss, missionaries in Turkey for forty-nine years, and that his

father, Langdon S. Ward, was for forty years officially connected with the Board, for thirty years as treasurer. There are sisters—Mary I. Ward of Merzifoun, Turkey, Mrs. Ruth Porter Beach, Foochow, China, and Laura D. Ward, Foochow, China; and brothers—Dr. Edwin St. John Ward, Dean of the Medical School of the American University of Beirut, Syria, and Dr. Mark's twin, William Earle Dodge Ward, Y. M. C. A. secretary in Bombay, India!

A man born into that kind of a missionary environment would never have a chance to be anything else, you might say. But subsequent events showed plainly that Dr. Ward possessed sufficient initiative and determination to buck the family tradition had he so desired. He didn't so desire. He WANTED to be a missionary doctor and he became one. He first made a name for himself in Turkey. Now he is known around the world.

### IN WAR SERVICE IN FRANCE

With his usual faculty of getting into the middle of things at the boiling point, Dr. Ward returned to America in 1917 and entered the United States Army. He enlisted in time for a brief period in the camps at home, and he was sent overseas and plunged into the 1918 Château Thierry offensive, the St. Mihiel drive and the Argonne Forest offensive. Serving with a captain's silver bars on his shoulders in the Mobile Operating Unit of the Medical Corps, Dr. Ward saw "plenty" of the Great War.

An ability, amounting almost to genius, for dropping into a spot just when things were beginning to happen, again brought Dr. Ward to Constantinople after his discharge from the Army in 1919. For a time he was loaned by the Board to the Near East Relief, which was then at work in Turkey.

### IN NEAR EAST RELIEF IN TURKEY

Sent to Harpoot in Asia Minor, as Medical Officer of the Relief Unit there, Dr. Ward took charge of the Annie Tracy Riggs Hospital, built in 1906 and conducted by Rev. Henry H. Atkinson until his death in 1915. Pitiful little famine victims whose bodies were emaciated and covered with sores made up the bulk of the patients. There were at this time some 5,000 orphans being cared for in Harpoot alone. The Greco-Turkish war, with its deportation of Greek inhabitants from the villages about the Black Sea, flooded Harpoot during the spring and summer of 1921.

The twin specters of Starvation and Disease stalked hand in hand among these pathetic refugees. Soon typhus broke out and the hospital was filled to overflowing. Then it was that Dr. Ward's guardian angel, who had brought him safely through his experiences in France, took a nap. For the dread typhus claimed him as a victim and for over a month he lay unconscious. "It was December 11 when I went to sleep," said Dr. Ward, "and it was January 15 when I woke up."

### CALLED INTO THE BOARD'S OFFICE

On the events that transpired during the latt part of this period in Turkey, prior to his enforc departure from that land in 1922, Dr. Ward mak little comment. "It's a long, involved story," he say with a smile, twirling a pencil between his finger A goodly bit of experience in public speaking f the Near East Relief finally brought Dr. Ward t to May, 1923, when he became Candidate Secreta of the American Board, following Rev. Alden Clar who had returned to India. Then the steps we taken that led ultimately to the present Medical D partment. In 1925 Dr. Ward was asked to supe vise the health of the missionaries. In 1926 the offi of Medical Secretary was created at the Annual Mee ing of the Board and Mark H. Ward became its firs incumbent.

Some one has said that no one can really pra with a headache! And a certain benevolent orga ization works on the assumption that a man with a empty stomach is a poor subject for salvation. Thes are extreme phases of a very important truth. Whe all has been said, the physical life of the missionar and the people among whom he works is a peculiarl important part of Christian service. Christian mi sionaries today see a real connection between healthy, wholesome body and a healthy, wholesom belief. Jesus saw this so clearly that they calle him the "Great Physician." Surely no phase of th Christian missionary service can more perfectly por tray the spirit of the Master than the healing of sic bodies together with sick souls. Dr. Ward believe this.

### CARE OF THE MISSIONARY'S HEALTH

Well, just what are some of the duties of th Medical Secretary? In general, he has supervisio of the health of all the missionaries under the Ameri can Board, whether on the field or home on fur lough. The Board has recently adopted a rule tha every missionary must have an annual health exami nation. A copy of each report is mailed to the hom office and in a *special file for each missionary* D Ward keeps this up-to-date and detailed record. Wit this information at hand he is able intelligently t advise in health problems as they come to him throug the mail or in the person of individuals.

When it comes to missionaries back on furlough the wheels of progress simply cannot move unti Dr. Ward has said the magic word that releases th worker for speaking engagements or special study. thorough physical examination at the start is fo lowed by whatever treatment is needed. Member of the medical profession here in America are gla to make reductions in fees for missionaries and a serious operation is recommended, Dr. Ward is ofte instrumental in securing service at a great financi saving to the missionary.

Not alone the general health of the furloughe missionary is cared for, but eyes, teeth and postur are also attended to. Except in the large cities the are no dentists in the Orient. This might seem lik

paradise on earth to a small boy, but it has taken heavy toll of energy and even life at times. The majority of the missionaries have to spend their entire seven years on the field without dental attention.

Before a missionary can return to the field he must have a second physical examination, be vaccinated against smallpox and inoculated against typhoid. Vaccinations must be given every two years. Here again the god from the machine is Dr. Ward. No one can pick up his bags and sail for foreign climes until the grand and final O.K. has been given by the Medical Secretary.

Doctoring by correspondence is another duty. Many letters come in daily from all parts of the world asking advice on health problems. A letter may be personal; it may be word of a new tropical medicine or disease; it may be the account of a successful experiment or a request for help in meeting an unusual situation, as in the instance of a call from Micronesia, where an epidemic of measles had resulted in a high mortality rate.

Particularly interesting is the service being rendered the doctors, nurses and medical "privates" in the field through the spreading of news about new medical discoveries and useful bits gleaned from other missionaries. This is a branch of the work that Dr. Ward hopes to develop and ultimately to incorporate in some kind of bulletin that will be issued to all workers. In this way the Medical Department would become a clearing house for helpful hints.

The Association of Medical Officers of Missionary Societies in London issues a pamphlet entitled "Health Instructions for Missionaries in the Tropics," and copies of this are distributed by Dr. Ward.

### KEEPING IN TOUCH WITH MEDICAL MISSIONARIES

Secretary Ward is constantly in correspondence with the medical missionaries concerning workers under their care. "Missionaries," he says, "are prone to hang on to their jobs and not give up even when it would be advisable for them to come home a year earlier and avoid a breakdown or an extended sickness. While the spirit back of this is commendable, the general good of the cause is better served if they return before it is absolutely necessary."

There is a romance about the labors of a medical missionary, either doctor or nurse, that cannot be duplicated in any other phase of missionary endeavor. Churches evidence great interest in the medical service, says Dr. Ward, and welcome doctors and nurses to their pulpits. "But some of our doctors are very bashful about telling of their own work—and often do not present their own cause as effectively as it merits. I know of one case where an evangelistic worker spent his whole furlough speaking of the achievements of a doctor colleague. By talks and personal interviews he raised sufficient funds for a new hospital for his associate."

Curiosity prompts one to ask just what, if any, disease ranks highest in bringing home the missionary on sick leave. Nervous disorders of various kinds seem to head the list. Because of the necessity of adjustment to new living conditions and a different climate, the missionary is placed under an unusual nervous strain.

The Institute of Social and Religious Research in New York is making a survey now of the workers of the American Board and three other large American missionary boards, to ascertain, if possible, the causes for this condition in foreign personnel. It is hoped that its findings may throw additional light on the problem and suggest ways of safeguarding the Christian worker and shielding him from this drain on his vitality when overseas.

Recent medical discoveries have aided the missionaries in protecting themselves more or less from common tropical diseases which in early days took heavy toll among the workers who struggled in ignorance against them. Before the new missionary sails he is given instructions in preventive and health measures.

Perhaps one of the most direct results of this system of thorough physical examinations, together with the detailed study of tropical and subtropical climates and their effect upon foreigners, is the body of evidence that is being built up and used in allocating new missionaries. In the old days a worker was sent where the need was great, regardless of his tendencies or his health. Now, a high-strung individual would never intentionally be sent to a country noted for its depressing climate, or a person with a tendency to take cold easily to a land where tuberculosis flourishes. The reasons for this are too obvious to mention.

So Dr. Ward works on evolving preventive measures that will mean the ultimate saving of life; that will decrease the time wasted in sickness or permanent disability; and will conserve funds now spent for medical grants for use in the field.

"The present wastage of energy, not infrequently of life itself, is unwarranted from the economic, as from the religious point of view," said the members of a congress of missionary doctors recently. "No young worker, no matter how fine, can really fill the gap made by the pulling out of a seasoned missionary because of illness," asserts Dr. Ward.

The American Board is determined that its workers shall not suffer the handicap of poor physical health if care and foresight can prevent it. Doubtless this strictness may at times seem irksome to the impatient missionary eager and anxious to continue or push ahead beyond his strength, but it pays in the long run—and the Christian missionary movement has to take a long, long look ahead.

# TWO OF A KIND

IN the picture just above is a study in contrasts. The largest medical center in the world stands side by side in the picture with the largest missionary medical center in East Africa. The big group of skyscrapers is located on the highest point of land in New York City, at 165th Street and Fort Washington Avenue, while the small, one-storied missionary affair is on the heights of Silinda in Rhodesia, on the border of the lowlands of Portuguese East Africa. Each forms a single group, but that in New York includes the Presbyterian Hospital, the College of Physicians and Surgeons of Columbia University, the Sloane Hospital for Women, the Babies' Hospital, the Neurological Institute and the Vanderbilt Clinic, while close by is the New York State Psychiatric Institute, and perhaps several more of the best endowed and equipped hospitals in the world. It offers unparalleled, almost unbelievable opportunities both to the people of the great metropolis and to the students of medicine and surgery that crowd into New York. It is a huge medical center, where buildings and equipment are to be used jointly, and where all the highly specialized branches of modern medicine can be gathered in one city block for the benefit of the patient and th convenience of the doctor. It has, or will have soo a vast army of doctors and nurses.

The Mt. Silinda Hospital can also be called unit. At least it has one head, even if its staff woefully small. It, too, is trying to be all thing to all men—Dr. Lawrence serving as surgeon, phy sician, obstetrician, pediatrician, neurologist, otol gist, psychiatrist, eye and ear doctor, expert i prevent.ve medicine and sanitation, professor of a atomy, teacher of hygiene and first-aid-to-the-injure He has to rise to every emergency. No case brought in that does not receive attention, no ma ter how inadequate, and all the staff, doctor, nurs and assistants, are united in mind and spirit a only those can be who are giving all that they po sess to the saving of their fellowmen.

### EACH STANDS FOR NO DISCRIMINATION IN RACE AND CREED

The histories of these two contrasted medic centers have also one or two things in common. Th Mt. Silinda Hospital, being a missionary instit

tion, must always be conducted in the spirit of service and brotherhood without recognition of any barriers of race, creed or color. The great medical center, particularly the Presbyterian element in it, has had similar traditions. We remember the Presbyterian Hospital as it stood in the square bounded by Madison Avenue, Park Avenue, 70th and 72d Streets, New York City. We remember that though it eventually passed out of denominational hands, it could never be said that any patient had been turned from its doors for lack of money or because any social or religious group considered him unacceptable. Ranking as one of New York's finest hospitals, the best that medical skill affords, it was at the service of each patient; the wards were light, airy and cheerful, the doctors real friends to each patient, and the nurses made "Presbyterian Hospital training" a standard throughout the country. Associated closely with the College of Physicians and Surgeons, it held before the student doctors a high ideal of professional service regardless of the ordinary commercial considerations. Its staff and internes numbered many Jewish doctors, who will long be remembered by patients as exemplifying the finest Christian virtues. Within the hospital was the spirit of service and brotherhood and an entire lack of the recognition of barriers in race, creed or color. This tradition, this atmosphere, this spirit is going over into the great pile of buildings pictured on the opposite page.

### BOTH STARTED IN THE INTERESTS OF THE NEGRO

The two medical centers have still one more thing in common. Each is the result of a Christian interest in the needs of the Negro. Years ago the servant of a wealthy New Yorker became very ill. Every effort was made to secure for him admission to various New York hospitals, and each time admission was refused because the servant was a Negro. His employer became so impressed with the lack of medical care for those who, though desperately needing it, could not receive it because of social barriers, that he determined to right the wrong so far as he was able. As a result, he left his fortune to the Presbyterian church of which he was a member to use for a hospital to which patients were to be admitted "regardless of race, creed or color."

Back in the eighties the American people were stirred by the call for men to carry the Gospel into Umzela's kingdom. Some were able to respond in person, others to send their money. When the first station was established at Mt. Silinda in Rhodesia, the need of a doctor and of a nurse was at once emphasized, and as a result Dr. Thompson began the work which later he shared with Dr. Lawrence, and which now is under the direction of the latter. The same spirit of devotion to the best interests of the Negro which established the Presbyterian Hospital and the other hospitals now grouped together in New York, the same sense of justice demanding a fair chance for him, the same determination to build up a medical center that would serve the interests of the Negro race as much as it ever could those of other races, brought forth this hospital and its outreaching work in that part of East Africa. Unconsciously, and yet effectively, the representatives of the black race have called forth these two centers into existence.

### YET AT LEAST ONE SAD CONTRAST

But here, we fear, the comparison will have to end and the contrasts sharpen. The little hospital in Mt. Silinda that has to stand for the only missionary hospital among hundreds of thousands of the African race has only a primitive equipment. Its dispensary, which was the gift of a Congregational pastor in America several years ago as a memorial to his wife, serves as a dispensary and also for administrative purposes. There are also three small brick hospital shelters intended to accommodate three persons each, but these are so overcrowded that it is impossible to find bed space for the patients, most of them having to lie in rows on mats on the cement floors, with doctor and nurse compelled to step over them when making their rounds.

The laundry table has to serve in stead of operating table; a steam pressure cooker, frequently filled, is used as sterilizer for dressings, a meat roaster for instruments, and the wash boiler for sterilizing basins and other things called for in a hospital. All these have to be heated on the already overcrowded kitchen stove. Water is boiled in the tea kettles to sterilize it. In emergency cases the operation must wait until there is hot, sterile water in sufficient quantities. The kerosene lamp still furnishes the only light in the night—even during operations. The sanitary facilities are of the most primitive nature and do not make for healthful living conditions. Water for all purposes has to be carried on the heads of the native attendants from a neighboring spring nearly half a mile away.

There is great need of an adequate laboratory equipment also. Only by laboratory methods can many tropical diseases be correctly diagnosed, and several diseases are met with in Rhodesia and Portuguese East Africa that are still little known to science. Dr. Lawrence has to be his own laboratory worker until such a time as he can train assistants, but he cannot do his best without satisfactory laboratory equipment.

If we were to put down in black and white some of the things that might be done for an American Board hospital of this nature, we would have to ask for only an infinitesimal fraction of what it has cost to equip the big medical center in New York. For example, we would ask for only $5,000 to erect a new unit as operation room, sterilizing room, laboratory and recovery room; $6,500 to provide suitable quarters for European, that is American, nurses, reception room, living room, two small wards for missionaries and other European patients; $3,250 to

pipe water to the hospital and supply hot and cold water for all the principal buildings; $1,500 to provide a sewage system with septic tank; $750 to install electric lighting; $13,000 to provide needed equipment for wards, operating room, sterilizing room, bathrooms, laboratory and kitchen. Such a needed equipment would not cost, all told, more than $30,000, and without doubt it would go as far as a thousand times that amount would go in New York City.

Dr. Lawrence, in commenting upon the situation at Rhodesia, says: "When the Africans become Christians they are required to forsake the witch-doctor and all his magic. But must we not offer them a Christian substitute; and how can we do that unless we enlarge our mission hospital service? To withdraw the only recourse these poor people have in time of sickness obligates us to care for them in the name of Christ, who ministered to the body as well as to the soul."

# MINDING OUR MEDICAL MERCIES

WE need no glimpse of the great medical building in New York to remind us of our medical mercies. Opportunities are literally thrust upon us in America, no matter where we live, for getting well and for remaining so; doctors to the right of us, nurses to the left; hospitals nearby and sanitariums not far away; and specialists of every description and price. Even the animals have their surgeons; some, indeed, their "hospitals." Then, too, there is Preventive Medicine, with all that is allied to that science. We refer not alone to our sanitary systems and boards of health, our serums and antitoxins, our epidemic scare cards, but also to our common knowledge of hygiene, to our gymnasiums and playgrounds, and to our nation-wide devotion to outdoor games in the interest of a sound body for a sound mind.

"Medical mercies," they are legion—almost too common, in fact, to be realized. Yet who would make them less! Moreover, could we ever imagine ourselves in health and peace of mind without them? Grateful are we for all the good doctors and nurses and for the wonderful output of modern medical science.

But what if we were deprived of all these blessings and had to be counted among the multitude of villagers in India who are said to be without any access to a single up-to-date, trustworthy doctor? Or what if our loved ones here were subjected to murderous malpractice, as are the millions in the towns of China? Or what if our own land were charged with the fatalistic spirit of Moslem lands which not only would let us die as victims of Allah's justice, but would also refuse to work for improved conditions, or for even the hope of improved conditions, for our children and children's children? Yet all this is just what equivalent populations in India, China, Africa, the Near East and other countries are still suffering, unbelievable though it may seem.

No matter where we turn in what we call our mission fields, we find ourselves face to face with thousands without scientific medical aid of any sort, not to speak of Christian encouragement for the mind and heart, while here at home we can find comparatively few beyond the reach of a doctor. So in counting our medical mercies, let us not be unmindful of the countless sufferers out beyond who would not need to suffer were the Christians of America close enough to realize conditions and to apply the remedy.

# WHAT DOES IT MEAN TO YOU?

BY LESTER H. BEALS, M.D.

*One of our representatives at Wai, India, in whose villages there are said to be one hundred millions beyond the reach of any scientifically trained Christian physician.*

WHEN deadly fever steals into our home and lays low a loved one, or when the mad rush of merciless wheels hurls life into the balance, we believe thoroughly in doctors, and look upon medical science and surgical skill as vitally essential factors in organized society. And as practical men we must recognize the importance of putting doctors and hospitals in the places where there is the greatest amount of sickness and unrelieved suffering. The time is past when sober, thinking men believe that part of the world can rise to what God has purposed it should be, while the human race at the other end trails out into ignorance, neglected distress, degradation and darkness. Here is a great need and an open door of opportunity. What does it mean to you?

# RECOMPENSE

By CYRIL H. HAAS, M.D., of Adana, Turkey

WE had been settled in our Oriental city but a few days, when the request came that I should visit a Greek lad, very ill. I was told that the attending doctor, with the colleagues who had been in consultation with him, had made their last visit, their final word being that the case was hopeless, and that all would be over in an hour. The priests also had left to prepare for the burial (in hot countries this is required on the day of death). The young lady who begged me to accompany her said, "I know you can do nothing for the boy, but won't you come just to comfort the parents?" Entering the sick room, and wedging my way through the crowd of sympathizing friends, I saw a boy of six, eyes bulging, purple-faced, violently struggling for breath. A hurried examination assured me that it was a turgid congestion and not a formed membrane that was choking the life out of this child. I tried inserting a tube into his throat as an emergency relief, and to gain some time. This failing, I began giving five-minute doses of a widely used American remedy for croup. The boy could swallow, but with difficulty, was just conscious enough to know that something was being attempted to save him, and he offered magnificent coöperation. Within half an hour there was a change; in an hour he was breathing easily, and normal color had returned to his face. When I left him he was comfortable, and sleeping. Within two days he was playing with his chums on the street.

American Hospital, Adana, Turkey

When word reached the doctors who had seen him earlier in the day, that the boy was better and would live, they said it was a lie, that they had left him practically dead. News spread abroad that a miracle had been performed by a foreign doctor. I knew that only a simple, practical measure had been used—and I knew this also, that it was my presence there at that time that made possible this simple, practical measure—and a life was saved. This was my first experience.

Just eight years later, I was ready to leave the city for a year of change and study in the States. Our hospital was closed, the instruments had been boiled and packed away, the nursing staff was dispersed, and I was awaiting telegraphic permission from the British Military Headquarters to leave the district.

A young man came late in the evening, begging me to see his wife, who was having terrible cramps in the abdomen. I accompanied him, and found the patient suffering from severe colic in the lower abdomen—no fever, but a very rapid pulse. Her face seemed to indicate the loss of blood, though there was no visible sign of bleeding. A sense of fear and helplessness swept over me as I thought of her probable condition—and my hospital closed! I advised complete rest, ice to the abdomen, with some medication, and requested the husband to call me if the colic returned.

Early the following morning he came hurriedly, saying that the pain had returned, that his wife seemed very weak. Seeing her again, I knew for certain that it was a condition calling for immediate surgical intervention. I explained to the husband my seeming helplessness in this emergency, with all my equipment packed away, and my helpers gone. Whereupon he threw his arms around me and said, "We will not let you go. Unless you do something for my wife, I know she will die." This was irresistible. I hastened to the hospital. Within an hour the operating room had been cleaned, the instruments sterilized, and the patient on the table. The abdomen was opened and found to be filled with fresh red blood, and a ruptured artery insidiously draining the life-fluid of this woman. It was short procedure to ligate the artery and cleanse the abdomen. Before I left the city, within the week, the patient was up, and happy in the assurance of life and health. Crowded between the first and this last experience of the first term of service as a doctor in mission work have been hundreds like unto them, and the individual who is fortunate enough to be a part of such experiences possesses something far more to be coveted than wealth or renown, or position in society, or comforts—and that something is the *Sense of Usefulness.*

If it is true, as Huxley affirmed, that "the *Sense of Uselessness is the hardest strain any organism can stand*—then its corollary must even more be true. The Sense of Usefulness is the greatest urge to vigorous living, and long hours, and unrelenting strain, anxious days, loathsome sights, sleepless nights, cannot possibly be compared to this, the greatest reward of the missionary doctor. A man can be useful anywhere, but I say it must be difficult to feel the thrill of it, in a land where they seem to be tramping on each other's toes, and are counted as but one cog in a huge, complex machine. "Find

me a place—even in the remotest section of Africa," a professor in one of our foremost medical colleges said to me, "find me a place, and I will gladly go there to work, *if only I can feel that some one needs me.*"

### "A Dog's Life and Mighty Little Thanks"

"What on earth do you do that for?" said a doctor to Richard C. Cabot when he announced his intention to study medicine; "it's a dog's life—no holidays—no Sundays—no evenings—nothing but steady grind, and mighty little thanks for it. Medical school and hospital service is good fun, to be sure, but after that is an awful climax." A dog's life and mighty little thanks—if this is the rule, then I have been of the blest exceptions. Thanks and appreciation! Why, they come flowing in every day, in every way.

It was only a few weeks ago, a hot, dusty Sunday, the middle of June. We were coming down to the hospital dining room for the noon meal, and just as I started to enter the room an old, bent, wrinkled-faced woman, covered with perspiration, ran to me and thrust a basket of fruit in my hands. It was the first pickings of grapes from her little vineyard plot, and she had trudged through the heat and dust of that hot day for two hours to do the biggest thing she could conceive of for me. And why this show of gratefulness? Because we had been interested in her little grandchild, her only treasure on earth, who was having a stormy convalescence from typhoid fever. And she was grateful because we called her by name, not case number; and because we were glad when there was progress and concerned when there was a setback; and because we advised her about more things than the time to give the medicine. She had trusted us absolutely, and we had not failed her.

AT THE HOSPITAL IN ADANA, TURKEY

*Little Kemal has been brought up for tea by his nurse, Nabatie*

And there have been thousands like her, showing their thankfulness in so many ways—in prayers for my long living; in prayers for my family, for the health of my children; in prayers for the health of my soul and the cunning of my hand; in gifts of sheep and chickens, turkeys and geese, fruits and vegetables, cakes and confections; in urgings to be a guest in their homes; in the sending of their sick friends to us—and oh! how rewarding these sincere expressions are! One does love to serve and one can serve those who indicate a measure of appreciation, and that is why the missionary doctor loves to serve. The dog's life part is still ahead of me, though I have been working for fifteen years; and as for thanks, I have had more than I deserve.

### Ninety Per Cent Drudgery and No Romance

I shall never forget the meeting. A hundred and fifty students, all of them interested in the missionary enterprise, some of them planning a career in it. The president of a Middle Western college was addressing them, and as he looked into those eager expectant faces, he said, "Remember—those of you who are thinking of going to some mission field—remember that you must leave romance behind and expect 90 per cent drudgery." And then I thought of what drudgery is and the difference between it and work and play. "Work," as Dr. Cabot best defines it, "is human activity with the thought of future reward. Play is human activity with the thought of immediate reward. Drudgery is human activity with the thought of *no reward at all.*"

Mission work 90 per cent drudgery and no romance! Again have I been counted among the exceptional ones. With me this whole business has seemed like 90 per cent romance and no drudgery; the romance of fierce struggle against daily difficulty; of facing hazardous tasks and critical adventures; of trying to play the man, eager, alert, aware, in the daily round, in the common task; of trying to train to modern service an ancestral brain, and "to lift the weight of unnumbered years of dead men's habits, methods and ideas."

The militarists defend their attitude of insistence on the martial type of character because it breeds in men qualities that go out into romantic actions of real worth. "the important physical virtues sturdiness, hardiness and strength for valorous deeds are given peculiarly favorable opportunities for development, and if these opportunities are lacking lusty youth will give way to molly-coddles. Without war, nations become effete, their ideals tarnish, their wills weaken and soften in luxury. War, on the contrary, disciplines character, it sobers men, teaches them to be brave and patient, and its demands for the supreme sacrifice of life bring forth an eagerness of response that is the crowning glory of the human spirit."

"We must make new energies and hardihoods continue the manliness to which the military mind faithfully clings," said Prof. William James. "Martial virtues must be the enduring cement; intrepidity, contempt of softness, surrender of private interest, obedience to command, must still remain the rock upon which states are built. The martial type of character *can be bred without war.*"

Where better can it be bred than in this t

greatest enterprise of all time? For "the essential grip of Christian idealism is not in its ease of application, but its difficulty. It is the highest summons to the intrepidity of human aspiration ever found. The Christian ideal is vitalizing because it is not a coddling to our weakness, but a challenge to our strength." And the real heroes of our times are not those who squander human efficiency and matchless courage and sacred life in fighting one another, but rather those who daringly fight for man against man's eternal foes: not war of man against his brother, but war of men, united against their common enemies.

And the doctor and the nurse are face to face with the most prevailing thing today on the mission field—human pain—the pain of ignorance, from hunger and famine, pain from disease and poverty, pangs both of sorrow and loss and excess, and who of us is there whose heart fails to leap to the challenge of the romance and reality of worth that may be found in the aggressive conflict to banish these things that hurt and destroy from off the earth?

Not to kill—but to kindle new great conceptions of life; not to destroy—but to discover new worth in human form; not to hate—but to hasten brother-feelings among men; not to mutilate—but to minister to the oppressed and the afflicted, the pain-torn of the nations, everywhere, regarding neither boundaries, nor color, nor creed, nor class—these are the over-mastering motives that do catch up responsive personalities of the medical profession and the nursing profession and hurl them into the highest conceivable crusade of the ages.

# THE WIFE OF A MEDICAL MISSIONARY

By ELLA JOHNSON KINNEAR

"AN article of a thousand or twelve hundred words" to compass a nurse's 38-year career in China! Some job!

On October 20, 1888, a Hong Kong steamer was sailing up the beautiful Min River. On board was an admiring enthusiast, taking in all the sights and sounds of the new environment. She was the second trained nurse to enter China for a life work, and was bound for the Methodist Woman's Hospital at Foochow.

Five busy years! Then two blue official sedan chairs, preceded by a big red Chinese umbrella, Chinese wedding musicians, and heaps of snapping firecrackers, proclaimed that a bride was on the way to her new home, the bridegroom's house. She had married the American Board Hospital, with the Doctor man thrown in to clinch the bargain! It meant a hospital with no income save what they must scratch around to get, and a salary for two, just $50 per year more than she alone had been receiving. But *He* was worth more than all it cost!

Hospital life is never dreary monotony. Always a daily exhilarating querying as to what will be new and exciting in today's clinic. Our letters full of hospital experiences to people we knew and didn't know won the gifts that made our work for the suffering Chinese possible. This correspondence, plus amateur photography for raising funds, and the cares of a growing family of five children, made the next eight years go fast. One incident stands out vividly: that Doctor man came in with the story of a group of men walking along a country road. A tiger had jumped out of the jungle and seized one of them by the elbow, crushing it as a dog would crush a chicken bone. The arm would have to be amputated. "Dad" would need help. He got just what he needed. The next day there was excitement of another kind: our Maurice was born! Born to be "An all 'round doctor, just like Father."

In 1902 we had a diversion. Our home burned down in about twenty minutes. Our Florence had been having diphtheria. We thought we must lose her. But the crisis had passed and we were having

THE KINNEAR STAFF AT FOOCHOW

*Dr. and Mrs. Kinnear with students and graduates of the Foochow Missionary Hospital*

our first good sleep for days. At 10 P.M., a distress call aroused us to find the fire roaring. We had just time to take Florence and the mission treasurer's books out, then sat down to watch our earthly possessions go up in smoke and flame. The hospital didn't burn, but was completely looted, the patients thrown on the floors and their beds taken. It was such a wreck that we were at once given permission to solicit funds for a new building. "It's an ill wind that blows no one any good."

By 1911 our friends, now more than six hundred of them, had given us funds for a spandy new hospital. It was building, up to the second floor, when the China Revolution broke out. Fortunately, our operating pavilion was finished, and five operating tables were continually filled for a time, while stretchers with the wounded filled every available space, even out to the walk. The burial of the dead was a great problem, for we had much trouble to get coffins or carriers. We had to give one big man two coffins, the second being used as a coffin lid!

Another high light was when the Doctor man came down with diphtheria, and the wife not only had to care for him, but run the hospital and clinic as well. It was a great satisfaction not to have the attendance fall below eighty patients a day. A joke on the good man was when, on his return to duty, he ordered a different prescription for a patient. The next day the man returned asking to please have again the medicine given him while the Doctor was away, as it had helped him *so* much!

Although we changed the scene of our activities during the hot summers of many of our years in China, we were ever busy with the sick. We no sooner reached the seaside home, than those from surrounding river villages who had been waiting my man's arrival, came at once for help, even before our medicines were unpacked. Some years we had very serious cases of shark bites, a shark having taken up his abode in the channel separating our Sharp Peak Island from the mainland. Many of these cases were fatal, and others made "Dad" a lot of work. One year he was called to the mountain summer resort. "What will happen if a shark bite case should come?" "Oh, I guess it won't happen. It is late in the season and we haven't had any thus far. Do the best you can, if one comes. I'll be back Saturday."

The days passed. Thursday came. A crowd was seen on the road from Sharp Peak Village. When it turned up our hill dread filled the heart of the nurse. Yes, it was what she feared. The shark had taken three nips in the man's left leg; he had lost much blood. He was laid on our dining table, a villager

THE SWIFT MEMORIAL OPERATING PAVILION AT FOOCHOW

*This picture was taken at the time when Dr. and Mrs. Kinnear and their associates were busy taking care of wounded soldiers in that part of China.*

holding his leg; we cleaned it up and got to work. "Do the best you can," Doctor had said. In the midst of the stitching the man holding the leg slumped down on the floor, fainted. Our oldest son, Paul, had been a helpful watcher. "Pull the man out on the grass, Paul, pour some water on his face, and come here and hold this leg for me." The stitching proceeded. Thirty-two stitches in all were put in; not fine embroidery stitches, but about an inch apart. The man lived. The Doctor man, when he saw the stitching, said, "I'm proud of you!" Wasn't it worth the strain to get praise like that from him? I'll say!

The last two years of our life in China were great! Never so many hospital patients, never such large numbers at dispensary, never so large an income! The day we dragged ourselves from the hospital, fagged after seeing 317 sick people, of whom "Dad" had personally seen 211 eye cases, it seemed a good time to remark, "Well, such a day's work may be all right for a record, but it is simply killing." We just couldn't stand it as a steady diet.

To keep things moving smoothly for "the man," by presiding at the organ, leading chapel singing, keeping half an eye on the culinary department and the hospital, looking after daily records and accounts, being Chief of Police with the big proportion of soldiers whom "Dad" has always drawn to our hospital, were some of the ways of helping him.

So much untold, but *so* proud to be the helpmate of a man who made good!

# WHAT THEY FOUND AT KIENNING

THE Kienning Hospital and Dispensary in Shaowu Mission has developed into a rather unusual type of institution. From the beginning Kienning medical work has been dispensary work. When the Shepherds left for their furlough in 1925, daily clinics were being held in a small renovated Chinese house outside the north gate of the city. All classes of patients came, and through this ministry the entire life of the community was touched. Even some of the heathen gentry and an old-style Chinese doctor

became interested. There was a striking contrast between the exorbitant prices charged by native doctors and the cost charge made by the dispensary. It was this that got the attention and enlisted the influence of the old Chinese doctor.

When the Shepherds returned from furlough in 1927, they found that the dispensary had lost its identity in a community effort called the Chinese and Western Hospital. The hospital is now controlled by a committee of gentrymen, which includes two Chinese doctors and Pastor Liao. The acting missionary physician is an honorary member. A fine old family estate right in the center of the city has been purchased for the hospital, and the mission has as its share the keeping of the property in repair. Chinese funds are raised by subscription and the running expenses handled through the local Salt Tax. One-half of this interesting building is occupied by the Chinese Medical Clinic, and the other half by the Western Medical Clinic. A small registration fee is charged all patients, and they are left free to choose which department they care to patronize.

The Chinese department diagnoses and furnishes a prescription to be filled at any native drug store. The Western Dispensary carries its own drug department and charges as near the price of the drug as possible, making exceptions in the cases of the very poor or the very wealthy. Between these two departments are a few smaller rooms furnished with bed, table, and chair. Any patient living at a distance is allowed to live in one of these rooms free of charge, but he must furnish his own supplies. There is a Chinese nurse in attendance and she is an appreciated and loved public servant.

The Western side of the dispensary attempts to carry out, to the best of its limited ability, new scientific ideas, teaching as well the Gospel of one Father, a God who is Love, as taught by Jesus. On the Chinese side, however, there is a good deal of old custom and superstition curiously blended with new ideas. They have a system of medicine based almost entirely on the interpretation of the pulse, the use of herbs, roots, and insects—not to mention needles. In spite of this, however, there is demonstrated a spirit of friendship and coöperation.

A concrete example of the limitations of such an arrangement is given by Dr. Clara S. Shepherd when she tells of a patient who appeared at the Western Clinic suffering from a virulent infection. "Because we saw a possibility of helping this man," writes Mrs. Shepherd, "by intravenous treatment, we induced him to remain in the hospital. One injection brought about some improvement, but the patient was still very low. The alternate day had to be waited for, when the result of the second injection would show a marked improvement. But according to all past, and most present, Chinese beliefs, a man's spirit must not depart while he is absent from the ancestral home. Great faith in the Chinese doctor's ability to read the approach of death in the state of the pulse prompted the relatives to call in the old native doctor on the quiet."

Although the old doctor had a certain amount of ability, he didn't have sufficient modern knowledge to realize why the pulse acted as it did, and to foresee improvement after the counteraction of the poisons in the blood by further treatment. On being informed that he was about to die, the patient refused to take any further treatment, and on returning home actually did die. Had he remained in the hospital under the care of the Western doctor, he doubtless would have been living today.

Yet there is a growing number of modern young people in Kienning, and a growing demand for the real efficacy of Western medicine; but a place first must be provided for this practice entirely independent of all other influence. This is what the Shepherds are looking forward to in Kienning.

A little story that Mrs. Shepherd tells is typical of the hundreds of cases which come under their care. A basket weaver was returning home from a year's work with a pitifully small amount of savings. He was set upon by local robbers who knew what he had been doing. They fought him with knives until he was forced to give up his money, and, bleeding profusely, he finally made his way to the Kienning Magistrate. The Magistrate sent him to the Mission Hospital in a critical state. There Dr. Shepherd and the other workers stopped the hemorrhages, cleaned the wounds and nursed the man back to strength. He finally returned home well and happy, although somewhat maimed for further work with his hands. Later, when Mr. Shepherd happened upon the home town of this man, he found him a professed Christian, attending church services regularly, all the result of his experiences in the Mission Hospital.

## MEDICAL WORK IN THE PHILIPPINES

Below is a picture of the Board's Hospital at Cagayan, Mindanao, for which Rev. Frank Woodward raised the funds during his last furlough. It was completed and occupied in 1926. At present it is without an American doctor.

# GIVING, NOT GETTING

By GEORGE L. RICHARDS, M.D.
*Fellow, American College of Surgeons*

COMING from Yokohama to Honolulu on the *Tenyo Maru,* I one day heard a man talking about the missionaries, and how he disliked them because they were all "grafters." And when he had finished I inquired as to the source of his information, and he informed me that he got it from the clerk of the Palace Hotel at Shanghai. That did not seem to me to be very accurate information or really good authority on which to base such sweeping remarks, so I ventured to take part in the conversation and to remark that I had recently come from some four thousand miles of travel in China, and having seen many missionaries, had come to a different point of view. I then went on to describe to him a scene in the hospital at Canton of which I had been a personal witness. This occurred in the old Canton Hospital, founded by Dr. Peter Parker, and already referred to. The scene is in the operating room on a busy morning, where the time had already been arranged for many operations.

There are two operating rooms, with sterilizing room in the center. In one is a raised platform with place for about eight onlookers. This is occupied by Chinese women students from the Hackett Medical College for Women, and this in China, where women are held in the background, as in India! As one operation is being finished there is brought in an emergency case: a woman who has been in the labor of childbirth for three days and whom the native midwife has given up in despair of saving either mother or child.

It is evident that unless relief is shortly given both mother and child must die. Visualize the scene if you can. The woman is placed on the operating table. A Chinese assistant produces unconsciousness by administration of chloroform. Preparations for what the medical world knows as "version" are made with all the care with which it would be done and with the same delicacy as in the best hospitals in Boston. Dr. Wright, the missionary doctor, replaces the little foot in the mother's womb, turns the child around, and wonder of wonders, soon brings into the world a living, crying child. Watch the faces, as I did, of the women medical students and then you will see the transformation going on. Two lives saved by the missionary "grafter," so called by my friend on the steamboat!

But this is not all nor really, from the surgical standpoint, as wonderful as the next. A little baby of three days or so is brought in next. Examination shows that nature has failed to bring down the end of the bowel, and unless this can be found and brought out into the world the baby will inevitably die. This is an operation of skill, for no one knows at just what point the failure has occurred. But Dr. Wright, with the women medical students still looking on, eventually finds the end of the bowel, cuts a way for it, brings it down to the outside and fashions a new sphincter muscle. All quietly done as though all in the day's work. And relating this story to the hater of missionaries, I said, "I think I know the missionary better than you do."

Not long ago I returned from a trip around the world, during which I visited many places not usually seen by the tourist. I have come back with the feeling that the only forces working for real righteousness all around this war-weary world are the preacher, the missionary, the educator, the physician, and the allied philanthropic interests. One sees everywhere the results of selfishness and hate, the struggle of nations for place, territory and power; nation against nation, race against race. The war to end war seems so far to have accomplished nothing; no one is satisfied; each is trying out the old way, trying for human happiness by *getting.*

Whereas it never comes except by *giving.*

### THE SURGEON AND THE SAVED

The operation is finished, and in the hardly lighted dormitory I watch for the sick man's awaking. Scarcely has he recovered consciousness when he stares about him and ejaculates again and again: "I've no more pain! I've no more pain!" . . . His hand feels for mine and will not let it go. Then I begin to tell him and the others who are in the room that it is the Lord Jesus who has told the doctor and his wife to come to the Ogowe, and that white people in Europe give them the money to live here and cure the sick Negroes. Then I have to answer questions as to who these white people are, where they live, and how they know that the natives suffer so much from sickness. The African sun is shining through the coffee bushes into the dark shed, but we, black and white, sit side by side and feel that we know by experience the meaning of the words: "And all ye are brethren."

Would that my generous friends in Europe could come out here and live through one such hour!

From Dr. Albert Schweitzer's
*On the Edge of the Primeval Forest*
(1928), page 93.

# AT THE MADURA HOSPITAL FOR WOMEN AND CHILDREN

By ANNA M. OTTO, M.D.

HER name was Latchumi, a wee little girl of five years. Her parents brought her to the hospital to see if she could be cured of a bad contracture of one leg and so be able to walk. The condition had been caused by the healing of an extensive burn, and the little limb was so shrunken as to be absolutely useless.

Dr. Otto

Dr. Roberts

### THE LAME WALK

She was with us for months, first to get the wound clean enough to operate on, then for the operation and extension, and finally for skin grafting, to hasten the healing. At first she could not by any means be persuaded to smile, but as we played with her day after day, she overcame her fear and was a jolly little mite. At Christmas time she received a doll which squeaked when bent at the middle. She had the doll looking like a wreck in forty-eight hours; but the squeak held out for weeks and dolly was not abandoned until she refused to speak.

The day when Latchumi was discharged from hospital, the entire family came bringing the usual trays of fruit and rose garlands for the doctor; but in addition, they brought a *goat,* which was led through the living room into the dining room, and there presented. Then, with Latchumi, proudly walking on two sturdy little legs and all dressed in white to ward off the evil eye, they all went back to their village, firm friends of the hospital.

This is only one of the interesting cases taken care of in our surgical wards. Unfortunately, not all are so successful. It is almost impossible to get a patient with leg fracture to remain long enough, and especially quiet enough, to get a good result.

### EARS ARE REMODELED

The plastic surgery we are frequently asked to do on patients' ears is perhaps as spectacular and gratifying as any. Style once demanded that a woman's ears should be long. This was accomplished by early piercing, and then, as soon as the hole had been dilated to sufficient size to permit, heavy lead weights were put in, which dragged the lobe, making it longer and the hole larger. The custom doubtless originated among wealthy women, whose ears became so long from wearing heavy gold earrings. Now the style is changing and the girls and young women who have been in our schools and colleges no longer like the ears planned by their mothers to make the girls more eligible for marriage. So they come to us for restoration to the normal. The operation is a simple one, usually done under cocaine. The joy and pride with which the schoolgirls admire themselves in a mirror after the dressing is removed is amusing.

### IN THE OPERATING ROOM

Dr. Roberts operates two days a week in our big operating room. All the operable cases one gets in a hospital at home, and many more inoperable ones, we find among our patients in the surgical wards. During the year June, 1927–28, 126 major operations and 1,059 minor operations were performed, with cures or improvement in about ninety-five per cent of the cases. Our Maternity Department furnishes the real "thrillers." We have no prenatal work, as such, but hope that will soon be really established. Even now, we are having a big percentage of normal cases, and women returning to our hospital three, four, seven, even nine times for confinement.

### YOUNG MOTHERS

One of the most interesting as well as grateful patients came to the hospital two months before her baby was due to arrive. She had tried nine times before to have a living child, and now came to us. I decided to operate, but did not tell her for fear she would run away. On the eventful day she was taken to operating room, anæsthetized and delivered of a live baby girl. The mother awoke, back in her

Enjoying a Scrapbook from America

*Latchumi at the left, but her doll with the squeak not visible*

A Garland and Tray of Fruit for the Doctor

bed, with some pain, and scolded me roundly for having operated and given her so much pain without telling her beforehand. "But," said I, "you have a live baby." She beamed and forgot to scold and called me a Swami (god) instead. In spite of the fact that the baby was a girl, even the father was gloriously happy. He now has hopes of a boy sometime.

A Mohammedan girl of sixteen had her first baby a month too soon, so remained in hospital in order to be sure all was well before she went home to assume the entire care of her new "playmate." In two weeks the baby developed convulsions, and the same day the little mother had her first eclamptic attack. The baby died. The little mother was on the road to recovery, but this did not get on fast enough to satisfy her own mother, who insisted upon taking the patient home to have the drums beaten in order to drive out the evil spirit which was causing these fits. Two months later I heard of the girl's death.

### LIGHTS COME ON

We have just had a red-letter day, or rather night, in our small lives. One of the nurses was searching with a besmudged, dim-burning lantern in the linen closet for a pillowcase, when without a word of warning or premonition of any kind the electric lights all over the hospital came on. She may have recovered, but she will never be the same. Such a surprise comes only once in a lifetime. Immediately the entire hospital was astir; patients and relatives, nurses and doctors exclaimed and ran about to see how everything looked in this new light. It was a great time of rejoicing. The anticipation of doing an emergency operation in the middle of the night with this added convenience instead of by the light of kerosene lanterns, makes us almost wish for an attack of appendicitis or a Cæsarian section!

Perhaps you wonder what "relatives" were doing in hospital at night. Each patient is allowed to have one relative stay with her. Very few patients are fed from the hospital kitchen, but their food is cooked by these relatives in kitchens provided by the hospital or is brought by them from the patient's home. We do not furnish beds for relatives, but they are quite content to sleep under the patients' beds. So when the hospital is fairly well filled (we have 110 beds), and each patient has a relative attending, we are quite a colony. Add to this forty-three nurses in training and you will see we are not a negligible entity.

Speaking of numbers, I might add, also, two Bible-women on duty in hospital and dispensary; four compounders filling prescriptions and helping with anæsthetics; forty-five orphan children in the hospital orphanage, known as the "Birds' Nest"; two teachers for them, also matron; five coolies, gardeners and servants; Dr. Kennett, the assistant; Miss Davide, an interne, six graduate Indian nurses; Miss Rood, our American nurse; Dr. Roberts and myself. There, you have us all accounted for, except Dr. Harriet Parker Vaughan, who comes and goes frequently and keeps her vital interest, though no longer engaged in active service here.

### LIVING CONDITIONS

Our hospital is a real hospital, all white and attractive, fairly well-equipped and adequate. Our bungalow, where the doctors live, is comfortable, and now, with the possibility of electric fans, will be fairly cool. Our nurses, however, without whom we should have to close the hospital, are not well housed, nor are their necessities, to say nothing of comforts, provided for. We of the staff feel that we owe them better living quarters, if we expect them to continue the good work they have been doing. Besides their routine in the wards and their classes, those on diet-kitchen duty prepare also the diets for patients in the Albert Victor Hospital, the American Mission hospital for men, which is across the street from us.

### AT THE MEN'S HOSPITAL

There are forty beds there for in-patients. Dr. Edward Wilder is in charge, with two Indian doctors for assistants, but with no trained nurses. There are eight graduate dispensers and one evangelist. Imagine a hospital run entirely by men! Well, we women folk look after the food, much to the relief of the staff there, and with no great inconvenience to ourselves. Besides an average of thirty patients in hospital, a daily dispensary is carried on, as at the women's hospital, and during the months just past, Dr. Wilder has conducted a village clinic about sixteen miles from Madura. In this way he has not only given immediate help to many patients, but has in several instances brought or sent patients needing attention in hospital, either to his own or to us.

### THE CRYING NEED

The one time a member of our staff was able to go with Dr. Wilder quite convinced us of the tremendous need of this kind of work. But really, one person cannot be in two places at one time, especially when the places are so far apart. One wishes every day that she were about three pairs

THE CROWD AT THE DISPENSARY DOOR

*Bible-women at left and right of the entrance of the hospital for women in Madura*

of twins and two or three sets of triplets, anything, any race, either gender, with any kind of training, but "every one of her" here on the job. A real vision of the immense need without the example and help of the Great Physician and the faith to believe in his eventual triumph would be most depressing. But we go on day by day depending on His guidance and strength.

# WHICH WILL WIN IN INDIA?

## *First Impressions of the Two Contending Systems of Medicine*

By PAULINE JEFFERY

*Dr. Jeffery of the Union Missionary Medical School for Women at Vellore is the daughter of the late Rev. Franklin E. Jeffery of the Madura Mission. She returned to South India last year after a thorough medical preparation in America. The questions that came to her mind soon after she began her work reveal the mental struggle that Western-trained physicians have to enter upon in an Eastern land.*

MY first morning back in India, I was walking around the temple-crowned rock at Tirupurangundram, among the throngs of people attending the famous annual festival. My mind was flooded with memories of India from my childhood up, but it seemed to me that never had I seen such a collection of diseased, distorted human beings assembled in one spot before. All conceivable and inconceivable ailments seemed to be there represented, and some who did not have diseases had devised them; for instance, some had buried a leg in the sand to make the crowd pity their deformities. Others had sharply flexed both knees and hidden their feet under their haunches, and covered the knees with red-smeared rags to make it appear that they only had stumps of legs. Knowing that many of the really deformed and sick refused to be treated lest they lose their only source of income, I again pondered.

Later, I added to this the picture of one of Dr. Scudder's roadside patients who had an enormous cystic tumor mass on the back of her neck, but refused operation because she said it was her pillow and she needed it.

I looked. I wondered.

Was I here in India hoping to find a welcome from the sick, and a work to do for the victims of disease? How had I dared to bring my Western training to people who believe their ancient medicine contains the last word in the art of healing? A land with a single "Patent Specific, Sidda Kalpa Makaradhwaja, the pride of the pharmacy," says the *Ayurvedic Journal*, "really an elixir of life containing in it such costly ingredients as Gold, Silver, Pearl, Coral, Muktha Lauha, etc., besides many herbs . . . and promises to every individual a radical cure for whatever sort of illness he may be afflicted with at whatever stage it may be." Why had I come?

One of the first mornings I spent alone in the dispensary, during the Christmas holidays, a well-educated Mohammedan came in with his first-born, month-old baby. The father had been away almost continually since the child's birth, and when he returned home, he found the wee mite reduced to less than a quarter of its birth weight. The grandmother had given it some drastic Indian medicine because of indigestion, and now the child was a skeleton, too weak to move or cry. The father took matters into his own hands and brought the baby to us to see if we could save its life. He was a man with a good foundation in scientific training and he could not bear to see the child fall victim to some violent Indian medication he knew nothing about. He insisted that the mother and grandmother leave the baby with us as long as we hoped to be able to help it.

It was only an hour later, on that same morning, when another child was brought in who had also received a violent purge, and it was in convulsions.

A Graduating Class of Indian Doctors

*These Indian girls have been taking medical training at the Vellore Medical School for Women in South India. The American Board has a share in the instruction and development of these doctors.*

A few days later a man, who had been having trouble with his vision, came to present to us a skin rash which had broken out over his body immediately after taking some Indian medicine for his bad eyesight. His visual disturbance had grown worse, and his skin distressed him. We were glad to be able to follow him long enough to see him rid of both complaints, for we were able to secure the skill of an eye-specialist who was in Vellore for a few days.

I looked. I read. I listened. But no longer was I wondering, for my mind was gradually shaping itself, and I was catching the spirit of the staff here in Vellore, so unmistakable in its emphasis. They continue to respect Indian drugs and herbs which have been tested pharmacologically, and proven to have value, but when wounds come in treated with cow dung or patients come in showing the effects of malpractice, instead of turning away in indignation and scorn, they concentrate their best to remedy the damage done and send the patient out a new man. I realized how hard this attitude of mind must be at times. There was a child critically ill with cholera, and the doctor sweat blood trying to save its life, and it was really showing signs of improvement, and the convulsions were letting up, when the parents, not understanding the injection of fluid by the use of a needle, snatched up their little one to their hearts and fled from the hospital to spread the rumor that we make a practice of injecting poison into our patients to kill them.

Out in the frontier some Vellore graduates are struggling with similar baffling situations this very day, and here in Vellore some seventy young women are laying the foundations for their professional life in the near future. I wonder if they have been as thoroughly impressed as I have been with Dr. Scudder's attitude of mind toward such situations? It was before the day when she could rely on internes to stand at an outpost like the Gudiyattam Dispensary, and a nurse was showing impatience because a patient was hesitating to take the medicine prescribed. Dr. Scudder remarked to the nurse, "We must be patient with their mistrust; just think how we might hesitate to take some totally strange medicine from a strange doctor! Moreover, some of the Indian medicine is really of value."

And now, seven years later, I was again making the trip to Gudiyattam with Dr. Scudder, and this time our minds were burdened with the question of the influence of the Ayurvedic revival of medicine in India on our work. It was really my first day in Vellore, and I had not had any of the little reassuring thrills of being garlanded by a grateful patient in the surgical dispensary, so I was wondering again whether all my long training was to be folded away in a napkin. But Dr. Scudder's enthusiasm and faith again lifted the curtain, and I heard her saying, "Well, it seems as if the right must win in the end and the really good medicine must speak for itself in the long run. We must just keep on working and helping. This is all a part of India's transition."

So we are in the race—the two systems are running side by side just now—and on different foundations: the one, maintaining that it has attained absolute perfection (if we may take the words of the *Ayurvedic Journal* as representative); the other boasting that its strength is its capacity for infinite growth and new discoveries to come! The one, making medicine a purely national affair—lined up in the opposing ranks against "the Western system"; the other holding medicine as neither Eastern nor Western, but humanitarian, and accepting any real, positive contribution to the art of healing, whether it come from France, Germany, England, Japan or India. Which will have won the race a century from now?

*"The healing of His seamless dress*
*Is by our beds of pain;*
*We touch Him in life's throng and press*
*And we are whole again."*

# THE GREATEST CONTRIBUTION OF MEDICAL MISSIONS

By LORRIN A. SHEPARD, M.D., Constantinople

MOST of all, we must keep ever in the forefront of our thought the fact that our greatest contribution is not the demonstration of the most modern methods or equipment, important as these are, or to surpass our Turkish colleagues in diagnosis and treatment, important as it is that we keep abreast of scientific advance. Our greatest contribution is to demonstrate the Christlike way of caring for the sick. Equipment and staff must be adequate and up-to-date, but without this last they cannot fulfill our purpose. Our real effectiveness will be directly in proportion to our likeness to the Great Physician.

(*In his report on medical work in Turkey.*)

# "BETTER BABIES" AND BETTER FARMS

By MABEL AND CLARENCE WOLSTED OF MANAMADURA

### BETTER BABIES

DURING the last few years Government has made a definite effort to develop an interest in child welfare, and there has been established throughout the country what is known as "Baby Week." Special programs are planned to interest the people in personal and public health and sanitation. On the last day they planned a contest here for babies under one year of age, and five ladies were chosen as judges, two of them Brahmans. One was Dr. Vaughan. There was no opportunity to use elaborate apparatus; even measuring and weighing was out of the question. Anyway, there is no Eastern scale of sizes to go by and Western standards would be all wrong, for these babies normally weigh only four or five pounds at birth.

We judged more than fifty babies. Most of them came in their everyday clothing, which was nothing at all. But their plump, shiny, bronze bodies were lovely. Dr. Vaughan remarked afterward that they were an exceptionally fine group; she well knows, after thirty years' experience with South Indian babies, that they usually do not grade high.

It was interesting to watch the Brahman judges. Both the prize winners came from very poor and low-caste homes, yet these ladies were very enthusiastic over seeing them get the awards, which, according to Indian liking, were gay silk dresses. But, so that all the mothers should go away happy, each child judged was given a brown cotton twill dress.

### BETTER FARMS

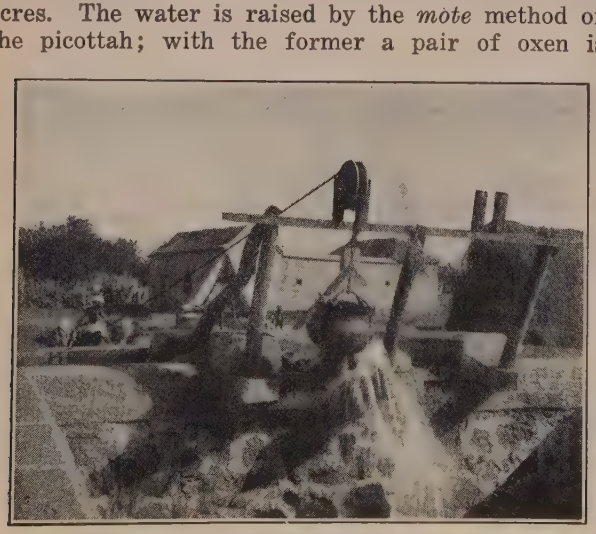
Over five hundred people attended our Farm Day at Manamadura. All the new methods were demonstrated: well-boring, ploughing with iron ploughs, mat-making and so on. We introduced mat-making last year to furnish work during the slack season. Here we rely on wells for irrigation when the rains are insufficient. One well will supply water for two acres. The water is raised by the *mote* method or the picottah; with the former a pair of oxen is used for drawing up large buckets; the picottah is a contrivance much like the old-fashioned wellsweep; one man works the bucket and three men walk up and down on the long pole. Man power is cheap here so that is the common way.

Seven wells have been dug on the land settlement of Vaunpuram and will be ready for use this season. A contest was held and prizes awarded for the best fields, best gardens, and best-kept houses. In connection with two of our projects considerable tree-planting, gardening and fodder-raising have been managed.

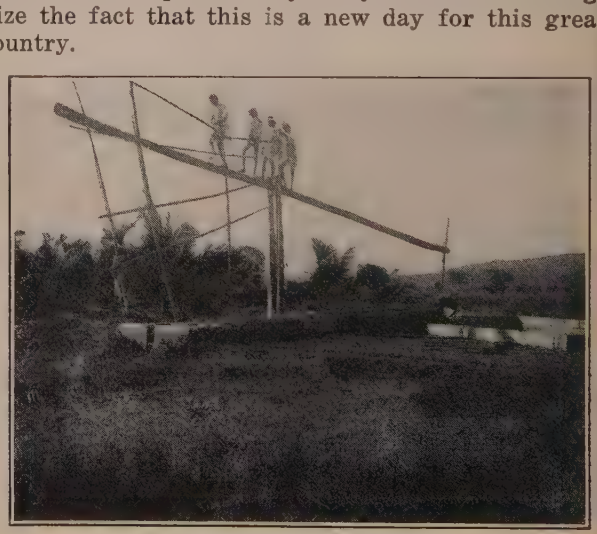
A party of pastors, teachers and missionaries recently visited the Experimental Farm and studied the improved methods in operation. Here the fodder crops grew ten to twelve feet high. Just across the boundary line were the fields of a local farmer. The difference in crops was a very convincing argument.

Our Economic Improvement Association secured for Manamadura an agricultural agent in Government employ for supervision of the propaganda work. He held a hundred and seven demonstrations in forty-six villages and was able in the first six months to sell forty-four iron ploughs, as well as feedcutters and other improved implements, and seed. We have also developed a plan whereby every school is to be supplied with a good text-book on farming.

For the above types of work we receive no grant from the American Board, as funds are insufficient. We carry on as best we can. One Men's Class in America has taken some of the projects and that is a great help. Remember that the agricultural class constitutes about ninety per cent of the whole population of India. Farmers are not interested in political agitation. They want peace and justice and an opportunity to do the daily work of the fields. There are many sad and evil conditions here, but changes are coming. No one could have seen the transformations of the past twenty-five years and not recognize the fact that this is a new day for this great country.



THE MOTE METHOD



THE PICOTTAH METHOD

# INDIANIZATION OF MEDICAL MISSIONARY WORK

By WALTER F. HUME, M.D.

THE recent meeting of the International Missionary Council at Jerusalem brought forward as one significant fact that Nationals are as much a part of the missionary enterprise as are the foreign missionaries from Western countries. So in India, the Indian Christian doctors are gradually coming to feel that they are an integral part of the work of interpretation of the Spirit of Jesus Christ through mission hospitals.

### SUCCESSIVE STEPS TOWARD THE GOAL

1. Indianization of the Medical Missionary work is developing in successive stages. The first of these is that in which the foreign doctor is the administrator and director of the hospital. The Indian doctor, in this situation, is very definitely an "assistant," a subordinate, who carries out orders of the chief doctor, but has no responsibility. Fortunately, few such hospitals are found now in India. But in one such institution the chief foreign missionary doctor became so much of a dictator, perhaps without realizing it, that even foreign colleagues resigned and Indian members of the staff felt constrained to seek service elsewhere as soon as their period of training was over. Such a hospital is "American," "English," "Canadian" or "Australian," depending on the nationality of the "doctor-in-charge," but it is not Indian.

2. The next stage, which is fairly widely represented in India today, is that of part transfer of responsibility. While many duties are devolved to Indian doctors, still, the foreign doctor by his personality, training, and experience is the recognized head. All on the staff look to him very much as children look towards their father for guidance and commands. Here minor responsibilities are carried by Indians. But they are still assistants, carrying few real responsibilities. In this stage one sees varying amounts of coöperation between foreign missionary doctors and Indian doctors. The number of chances for operating, treating serious cases, and for practical training depend on the attitude of the individual foreign doctor towards his Indian associates. It is a hopeful stage, but still far too inadequate. In one case the Indian doctor was given many chances to develop a good deal of confidence in operating, so during the hot season he was able to keep the hospital going very well and to obviate the need of the foreign doctor's coming back at intervals during his vacation to do the important operations.

3. Beyond this stage is that of real coöperation between Indian and foreign doctors. Here Indian doctors are colleagues and carry definite responsibility, although the foreign doctor is in most cases the head of the institution. In one large mission hospital, the one at Miraj, Western India, two efficient Indian doctors are members of the staff. One of these has entire charge of all laboratory examinations, including clinical microscopy, bacteriology, serology, pathology and X-ray examinations. He does all intravenous treatments, even on foreign patients. He further commends himself by teaching those subjects to Indian medical students. Recently, he read an able paper before the annual meeting of the Christian Medical Association of India, where some forty or more foreign medical missionaries from all India were gathered for conference. The other Indian doctor does practically all the testing of eyes for visual defects and fits glasses to the majority of them quite independently of any foreign doctor's help. These two show that it is possible for Indians to carry responsibility well and coöperate with foreign missionary doctors.

IN THE LABORATORY AT MIRAJ

*Here are some Indian Christian doctors in the laboratory of the missionary hospital at Miraj giving intravenous injection.*

4. The final stage, which in missionary service is still a thing of the future, is where the entire hospital staff is made up of Indian doctors. The foreign doctor may be an adviser or specialist on the staff. But responsibility and administration are in the hands of Indians. Here the foreign doctor has the rare opportunity of working under Indian doctors—a privilege towards which some foreign doctors look with real anticipation. Although there is no example of this stage in India today, many hopeful beginnings may be seen.

### THE MISSIONARY'S OBJECTIONS

In any growth of coöperation there are bound to be some criticisms and objections on both sides. On

the part of medical missionaries one hears that they cannot trust their Indian associates. The charge of dishonesty in the illicit taking of fees, partly engendered by inadequate salaries, is a serious problem which needs patient and sympathetic treatment. Another objection is that many Indian Christian doctors have not the requisite training to assume greater responsibilities. We find instances where, in spite of lack of the university training, some Indian doctors exhibit surprising ability in diagnosis and treatment of patients. However, it is too often true that lack of training is a real handicap which Indian doctors frequently do not realize.

The most serious objection that medical missionaries make is that Indian Christian doctors are not always ready to share in the interpretation of Jesus Christ and His salvation to their own people who throng the hospitals. I make this statement frankly but guardedly, because there are Indian Christian doctors whose Christian lives are an example to missionaries as well as to patients of the hospital where they serve, and to the Christian community where they live. The present writer remembers such examples with great appreciation. But, unfortunately, this criticism is too often true. It may be argued

DR. WALTER HUME AT WORK IN WAI

*Dr. Hume administering medicine in such a way that the patient need not break caste by touching the receptacle with her lips.*

THE BLIND AND MAIMED AND HALT AT THE PORTALS OF THE HOSPITAL IN WAI, INDIA

that the contract system under which Indian doctors work makes them feel that there is simply a commercial or business agreement whereby their professional services only are required and paid for, while the regular evangelistic work is not theirs, or is considered as purely voluntary.

### VIEWPOINT OF THE INDIAN CHRISTIAN

Many Indian Christian doctors are dissatisfied with mission hospital service. They cannot reconcile themselves to a position of minor duties and little chance for advance. The treatment accorded some by missionary doctors and superintendents of nurses is felt to be unfair. One finds Indian Christian doctors pointing to the example of the Government of India, in replacing a number of British officers in the India Medical Service by qualified Indian officers. These Indian officers have been able successfully to fill the places of responsibility. The hospitals have not become empty because European medical officers have been replaced by Indian; nor have epidemics carried off larger numbers of the common people. One would have expected that missions would have made a greater advance than the Indian Government, or at least as much, in the training and development of Indian doctors.

Then again the subject of remuneration of Indian Christian doctors in mission service is a perplexing one. There seem to be as many standards as there are missions and some exceptions in the same mission. This trying question should be considered more definitely and comprehensively than was done by the Christian Medical Association of India at its recent annual meeting. There is little doubt that the salaries on the whole are inadequate. For a right standard of living, for education of children, for post-graduate study, insurance, books, etc., a larger salary is needed to get men of the highly educated class. Were the salaries more adequate, the temptation to illicit taking of fees and the carrying on of disallowed private practice would be less. The Christian Medical Association of India, at the last meet-

ing at Miraj in December, 1927, records a statement made that ten rupees, or about three dollars a month less than the corresponding grade in Government pay, should be considered good pay in mission service, as there are advantages in mission service.

The subject of living quarters is another point of feeling between foreign and Indian doctors. While foreign doctors' bungalows are comfortable, as a rule, they are not pretentious, and the houses provided for Indian colleagues vary in size and arrangements. On the whole the houses of the Indian Christian doctors are suitable and comfortable and almost always provided to meet the standard of living and means of the occupants. Where Indian doctors take pride in the appearance of their homes, and it is to be regretted that they do not always do so, some very homelike residences have been established.

### SUCCESS LIES ALONG THIS LINE

After all is said, it is true that those hospitals which are most successful in mission service in India are the progressive ones which give a large share to Indian doctors and help to put them forward. We all realize that Indians must be the standard and example of Christian living to patients and relatives of patients. They understand that the foreign doctor sets the example of Christian service, but after all they feel Indians are subjected to temptations and difficulties that missionaries are not. So when one of their own kith and kin sets the example when no foreign missionary is in sight, the effect on the whole staff is tremendous. The Indian doctor is in the most intimate contact with patients in carrying out the orders, taking histories, doing dressings and admitting new patients. He has to show in his life that Christian virtues can be found, not only in some especially gifted foreign missionaries, but in people having the same temperament and subjected to the same temptations as Indians are. The success of mission hospitals depends upon the spirit of Christ revealed by Indians working in them as much as on the foreign missionary doctor.

### REAL PARTNERSHIP THE KEY

Indianization will go on much more rapidly not only when both Indian and foreign doctors feel the responsibility, but when there is mutual agreement and sharing of problems; in short, when there is a real partnership in service. The Indian doctor must feel that the institution in which he serves is his

X-Ray Room, Miraj Hospital

*Dr. Othaniel is as capable in this line as any Western missionary doctor*

as much as the foreign doctor does; that there is room for his complete self-expression and self-development; and that his attempts to interpret Indian feeling, Indian ways, Indian prejudices to the foreign doctor will be accepted favorably in terms of real friendship.

The devolution of foreign medical missions will not proceed far till Indian doctors of greater ability and higher training are attracted to mission service. This depends not only on coöperation, but on developing leadership among Indian doctors. Christian medical schools and mission hospitals should equip Indian doctors for independent work by allowing them to carry responsibilities, to do operations, treat serious cases, and gain confidence. Unfortunately, mission hospitals are too much a "one-man show," and the institution is too often known by the name of the senior foreign medical missionary. One of the first real advances has been made in India in the changing of the original "Medical Missionary Association of India" where only the foreign missionaries, with few exceptions, were members, to the "Christian Medical Association of India," where Indian Christian doctors are members as well as foreign medical missionaries, even when they are in private practice and not connected with any mission hospital.

When the complex problems of adequate salary, suitable houses, right standards of living are adjusted and the best grade of Indian Christian doctors are attracted to mission hospitals, it will remain for them to show the right spirit towards mission service. This can be realized under the partnership ideal. Under such a relationship both will feel free mutually to discuss the problems, hopes and ideals for their hospitals. The subject of salaries, houses, post-graduate training, assisting at operations, relations with foreign missionary doctors and head nurses can and will be solved in a spirit of friendship. And, best of all, Indian doctors will feel it their responsibility and joyous wish to uphold the highest ideal for the institution which they feel is theirs and to interpret the spirit of Christ, the Great Physician, to their own people as the highest revelation of God. As such a partnership takes place a beginning will be made towards the ideal for India, the evangelization of India by Indians.

# OUR LATEST MEDICAL RECRUITS

DR. HORACE S. THOMAS

MRS. HORACE S. THOMAS

DR. AND MRS. HORACE S. THOMAS, who go to the Albert Victor Hospital, Madura, come from Australia, though Dr. Thomas was born in Ceylon. Both inherit a deep interest in the work in India. In 1925, before their marriage, Mrs. Thomas went to India to visit her sister, who is a missionary of the London Missionary Society, and Dr. Thomas went to Madura for experience in the Albert Victor Hospital, and it was there that they met.

After eight months of service at the hospital, Dr. Thomas left for postgraduate work in Tropical Medicine in Calcutta and London, and is now returning to Madura as a permanent member of the staff. How glad they will be to welcome him back is best told in the words of Dr. Wilder, head of the hospital:—

"From the moment of his coming he made a place for himself in our family, the hospital and the mission. Quiet and unassuming, but kindly and untiring in service for others, he made an impression as a true Christian on the hospital staff which they have not forgotten and which is still evident today in our lives."

Mrs. Thomas, also, has unusual gifts and qualifications for missionary service and should be a strong ally to her husband in his chosen work.

AN OUTDOOR CLINIC IN BOMBAY, INDIA

*This is a picture of some of our Bombay dispensary force actually at work in the streets of the city. They claim that they did not pose for the picture. It was simply a case of being snapped in action. Miss Simpson, who took the picture, simply said, "Look here a minute."*

*Mrs. Gates is seen holding a boy's leg steady while Dr. Steel-Brooke does the work. Sarubai, the nurse, is seen bandaging a boy's hand.*

*By Rand Daily Mail*

BARE FACTS OF AFRICA AS WE SEE THEM

*Some of the fascinating kiddies of the baby clinic of Johannesburg enjoying the privileges of a sun bath*

*By Rand Daily Mail*

**NEW AFRICA WEIGHING IN**

*This scene from Miss Cowles' Baby Clinic at Johannesburg suggests the thought that we must give due weight to the fact that there is a New Africa and that it will bear watching*

A Doctor's Privilege

A Nurse's Privilege

Why Not Call This a Hatchery?

*This picture was taken in Dr. Ruth Parmelee's hospital at Salonica some time ago, but is quite characteristic of everything that is done today in practically all of the hospitals of the Board throughout the world. The glory of the maternity work in mission hospitals is suggested in this picture, as well as in that upon our cover. No form of medical work is more far-reaching than this. Not a few Christian Americans of wealth have recognized this in their gifts to the Board's hospitals abroad.*

# DR. HENRY STANLEY HOLLENBECK OF WEST AFRICA

INTRODUCING Dr. Hollenbeck, doctor of sick bodies and sick souls. And a man who "knows his African." He is a striking contrast to the bearded and faded Trader Horn, who comes from the same part of the Dark Continent. Younger, blue-eyed, a big, easy-moving American, born and raised on the plains of Iowa. Dr. Hollenbeck doesn't take much stock in Trader Horn. He knows the type and he knows the country. He has traveled thousands of miles along the West Coast, in Sierra Leone, in Liberia, in Nigeria, on the Gold Coast, in the former German Cameroons, in the French and Belgian Congos, in Rhodesia and Angola. He has been in the Trader's Brazzaville.

"Missionaries, of course," Dr. Hollenbeck explains, "were anathema to African traders in the days of slave and rum trading. In the main, the strange mixture of fact and fiction which Trader Horn belabors his blurred memory to produce can be dismissed without comment. There are, however, occasional slanders by insinuation, as we might call it, that are not quite so easy to pass over."

"You are thinking, perhaps, of Trader Horn's references to Livingstone, Rhodes, Stanley and the French occupation?"

"Yes," replied the doctor. "What Horn says about the French is obviously prejudiced and the parts of his statements that are true could be applied with equal justice to traders of other nations operating in the 'glorious seventies.' As to the others—well, in all my thousands of miles of travel I have never once, directly or indirectly, heard a whisper among the Africans concerning Livingstone's having had a native wife. And I assure you that such rumors, were they about, would not be kept underground. It is quite natural, when we consider that most, if not all, white traders had their native wives, that Trader Horn should assume that Livingstone or Rhodes or any other white man in Africa would follow the same practice."

Dr. Hollenbeck raised his eyebrows wearily when Trader Horn's mention of witch-doctors was dragged into the conversation. The doctor, by the way, is a Fellow of the London School of Tropical Medicine.

"The witch-doctor does often have a remarkable knowledge of certain herbs," he said, "and of the deadliest poisons. But he has acquired it by trying the stuff out on the people with disastrous results. If the patient lives, the drug is good; if he does not —not so good! But that isn't the main point. The witch-doctor has one great and fatal weakness: he has absolutely no way of regulating doses.

"When he is stumped he resorts to 'divining'—a clever process. Every witch-doctor has in his apparatus certain articles which are symbolic. There is a ring to indicate a village; a paddle for a boat; an image for a man or woman, and so on. When the divining is going on he is surrounded by a circle of relatives and neighbors. He utters an incantation, slowly shakes the basket, and begins to tell all he knows about the patient. As he talks, the crafty old fellow watches the circle closely for signs of approval or disapproval.

" 'Ah,' he may cry, 'the boatman arises, he must be involved.' The crowd murmurs disapproval unconsciously. The witch-doctor at once discards the boatman. By the time he is ready to speak authoritatively he has pretty definitely acquired the sense of the group. Of course, if he has a grudge against some one he is apt to accuse that person of witchcraft. Perhaps, too, he has been paid to involve some one.

"Among many terrible tests used by the natives is the poison test—at one time very common, now done under cover. The poison test consists of a dose of poison mixed by the doctor and given the accused. If he drinks it and lives, he is innocent. If he dies, he is guilty."

"But how can he ever live?"

Dr. Hollenbeck smiled. "There again politics enter in. It makes a difference who mixes the poison!

"Witch-doctors are supposed to cure epilepsy among the Ovimbundus. I looked into this matter and found that case after case called epilepsy was only a case of spasms. These are common and a purgative will cure them in many instances. But to call the illness epilepsy gives the witch-doctor a high batting average.

"A man came to me once with his voice completely gone. He had had a severe fever. The native doctor had decided this was a case of witchcraft. A victim had been selected, tried and fined. Approximately ten days after the man arrived at our dispensary he was able to talk again."

A more recent interesting and rather humorous experience was that involving a prominent chief in a neighboring tribe. His name was Cheewailewaile and he was stricken with paralysis of both legs. All the noted witch-doctors from far and near were called in until the chief had exhausted his funds. But no one helped him. Then Chief Cheewailewaile determined to visit the strange white doctor at the mission hospital. So one day he called his young men and they carried him to it.

"Kalunga, Kalunga," said Dr. Hollenbeck gravely, patting his chest in native greeting. The host always speaks the first word. "Kalunga, Kalunga," replied Chief Cheewailewaile with dignity. "I am sick," continued the royal guest. "A great many doctors have failed to help me."

A brief examination and a few questions soon

convinced the American doctor that the illness was an attack of malaria. At first the Chief emphatically refused to eat or drink any medicine.

"Mfundsi," he objected reproachfully, "observe, please, my trouble is in my feet and legs—not my stomach!"

Very soon after the first treatments the patient began to improve. The quinine administered was first given in papers in powder form. The Chief could not be prevailed upon to throw away the papers —to him they had magic power. Was he not even now better? He took them home with him, eventually to be used, doubtless, as cherished charms.

When Chief Cheewailewaile was well and about to leave the hospital, he turned to Dr. Hollenbeck and said:

"Su ku pandula etaili liba—I'll not thank you for today only."

This is typical of the African. He doesn't forget favors.

The African is a born philosopher. He has many proverbs and wise sayings. One of the favorites among African youth today is: "He who keeps asking (the way) will not get lost." And they are asking.

Then the doctor went on to speak of the medical work of the West Africa Mission:

"An outstanding feature of the W. C. A. Mission has been the number of all-round men on the staff. On account of the inadequacy of the number of missionaries for the task in hand, they were obliged to make use of any and all of the abilities they had and engage in various lines of activity. Thus it came about that the minister might be also educator, industrial man and doctor. The doctor might be also evangelist, educator and farmer.

"The mission attempts to minister to a tribe of nearly a million people occupying an area 250 miles long by 150 or more wide. The size of this field, together with the inadequacy of the mission staff, constitutes a serious problem for the doctors; yet they have taken no small part in other departments of the work.

"The people attend clinics in large numbers and are usually ready to submit to whatever treatment is recommended. African assistants have had to be used before they could be given adequate training, yet several of them have been successful in the outstations, dispensing medicines, giving first aid, doing dressings, pulling teeth, etc. One of them has made quite a reputation as an extracting dentist (not painless), and has built up quite a practice. School teachers are given some instruction and supplied with

*Photo by S. J. Curtis*

A Witch-Doctor at Mt. Silinda, in Rhodesia

*This is Nyanga. You can see his different medicines and general paraphernalia. Every case of sickness and trouble is taken to the witch-doctor for him to find out through incantation just who is to blame. We can easily imagine what happens in time of epidemic. How long shall this devilish superstition cast its pall over Africa!*

a few remedies to be used in urgent cases. They are often called upon to treat critical cases, of pneumonia, for example, for which the medicine men have no effective treatment, and the results have been such as to often lead to expressions of appreciation of their services.

"Operations for tumors, cancers, cataracts, amputations, gynecological operations, and many others are performed. Accident cases are chiefly those which result from combats with wild animals. The first amputation was the arm of an elderly man who was following the trail of a leopard which had been caught in a trap and had carried off the trap; it had suddenly sprung upon him, and so mangled his forearm and hand, including the bones, that recovery was hopeless. Another leopard victim was brought in with teeth holes in arm, forearm, hand, and the side of his throat. Prompt treatment of the wounds prevented serious infection and the man made a good recovery. Sometimes as many as five are injured by a single leopard, but always when the leopard is pursued, and usually when he is wounded.

"Several patients have traveled six to eight days on foot to have an operation performed, and one man traveled twelve days. A man with double cataract, led by his eight-year-old son, traveled several days to reach the clinic and receive his sight. One eye was operated on successfully, and he was so happy over the result that he insisted on going right back home without waiting to have the second operated on, and he was with difficulty restrained from starting before the eye had properly healed. He left clapping his hands and murmuring his thanks.

"Some patients who have come expecting surgical aid have been cured by medical treatment, somewhat to their surprise, and in the case of one man, to his keen disappointment. An outstanding case thus cured was that of Kapalandanda, chief of a tribe practically unknown to us. He was paralyzed in both legs and had been treated by many medicine men without benefit. Hearing of the cures that had been performed at the mission, he had some of his young men bring him a several days' journey. After a short course of treatment he recovered, and in order to more effectively advertise the cure, he insisted on walking home.

"Thus the medical work continues its ministry of healing, touching hearts, opening up new avenues of opportunity, and witnessing effectively for the Great Physician."

*"O Master from the mountain side,*
*Make haste to heal these hearts of pain;*
*Among these restless throngs abide."*

# THE BOARD FIRST TRAINED NURSES IN THE FAR EAST

## *With Dr. John C. Berry as the Pioneer*

DR. WALTER R. LAMBUTH, in his book "Medical Missions: The Twofold Task," says: "The introduction of the trained nurse into the Far East was due to the medical missionary. Dr. John C. Berry of the American Board, in addition to public lectures and the circulation of literature on hygiene and sanitation, began the systematic and scientific training of Japanese women in Okayama and Kyoto, placing great emphasis on this arm of the service."

Dr. Berry comments on this paragraph: "The American Board, in coöperation with the Woman's Board, was the first to establish an organized training school as a missionary agency. Of course, every medical missionary has felt the necessity of helping his hospital nurse, and a lady physician would naturally do what she could in this direction. Doubtless the early pioneers did the same thing—Doctors Scudder and Ward in Ceylon, Peter Parker in China, Adams and Wilson in Africa, Dodge in Syria, Grant in Persia, and so down the list. I did the same for my men and women nurses in the hospital at Kobe and in the hospital at Okayama. But these efforts were not organized training schools.

"In fact, at the time that Dr. Clara A. Swain went to India (1869) we had no trained nurses in America, and up to September 1, 1872, our American nurses received instruction only for obstetrical cases.

"Then a training school was organized at the New England Hospital in Boston, inspired by that of the Deaconesses at Kaiserswerth, Germany, and the first nurse that graduated from this training school was Linda Richards. She was the nurse selected by the Board to superintend the Board's training school for nurses in Kyoto. Thus the first organized training school for nurses on the mission field was presided over by the first graduate of the first organized nurses' training school in America. I would make a slight correction in the paragraph from Dr. Lambuth's book; the word Okayama should be omitted. True, I began the agitation for the nurses' school while located there, but the organized school did not begin till I went to Kyoto."

# THE BOOKSHELF

## STANLEY HIGH STANDS FIRM FOR FOREIGN MISSIONS

Stanley High, a stirring leader in the revolt of youth, started out last year to visit the mission fields, in the expectation that upon his return he would write a series of articles that would "indicate something of the fundamental unity of all faiths, and indorse the idea of their eventual synthesis." Those articles have never been written, but instead we have *Awaking World*,[1] which makes out a strong case for foreign missions and the uniqueness of Christianity. "Whatever I have seen," he writes in closing, "of need and of ministry, has convinced me that 'there is no other name given under heaven whereby men may be saved.'"

Mr. High admits that he went to the field a victim of the prevalent American uncertainty regarding foreign missions. He has returned with the conviction that the "Save America First" program would be disastrous for Christianity, and impossible of execution anyhow. Moreover, it is difficult for him to see how the wavering faith of the church at home can be restored without some "more active, personal participation in that life-changing business of Christianity" which is already in operation on a mission field that extends to the farthest people across the farthest sea. "Foreign missions, to be sure, is an agency for the Christianization of the world; but it may provide an influence for the revitalizing of Christianity. As long as it contributes to either task the missionary enterprise—however reorganized and re-adapted—is indispensable."

The author, true to his colors, has plenty to say upon the necessity of a reorganization of our forces in favor of the nationals and a re-adaptation of our methods to meet the needs of an awaking world. His report of what he saw in Africa, India, Malaya and the Far East, and the stories he gives us of the transforming power of the Gospel are what many need today who are so tragically "well-walled against the disturbing spectacle of the world's need at home and abroad."

[1] By Stanley High. Pp. 233. Abingdon Press, New York. $1.00 cloth, 60c paper.

## BELOIT COLLEGE AND FOREIGN MISSIONS

At first thought reference to *Historical Sketches of Beloit College*,[1] by Edward Dwight Eaton, may seem out of place in a foreign missionary magazine, but one does not question the appropriateness of our noticing the book when he realizes how much the cause of Foreign Missions owes to the graduates of Beloit—such as Arthur H. Smith and the Porters of China, Davis of Japan, Dewey, Christie and Wilson of Turkey, Eaton and Wright of Mexico, Ennis of Africa, Katherine Gates of India—when he realizes how closely Beloit's great leaders, like Presidents Chapin and Eaton have been identified with the American Board, and how nobly the institution has exemplified the spirit of the missionary enterprise in its struggle to secure a footing and to develop under most adverse conditions and in its dominating purpose to make itself a constructive force socially and religiously wherever it could be of service.

Reason enough for a reference to the book in these columns would be the fact that these sketches have for the most part been written by one who for several years was Vice-President of this Board, who represented the Board on an important deputation to China, and who, besides serving on the Prudential Committee, has long been a member of boards of trustees of institutions closely affiliated with the American Board. We have a right to be interested in whatever Dr. Eaton says and does, he is so much a part of us and the Board's work so great a part of him.

It is difficult to select particular "sketches" for special attention. From our point of view the story of the pioneer days, covering the period between the Black Hand War and the Civil War, is of intense interest, this being partly due to the fine historical sense and literary touch of the author. Everything, too, written by and about Beloit's first president, Aaron L. Chapin, is meat for the advocate of the cultural college, as is the chapter on Dr. Eaton's administration which President Blaisdell of Pomona —a former student and professor at Beloit—has written with rare understanding and fidelity. Then there are the chapters on different phases of college development provided by members of the faculty, not the least of which is Vice-President Holden's impressive story of "Beloit and the Ideals of Service in Church and State."

It helps to sustain our faith and purpose in foreign missions to read the record of this pioneer cultural college in the great Midwest of our own land. Here we realize the unity of the missionary movement. What is done here under the impulse of a passion for humanity is felt in far-away Africa. This proof of the "possibility of developing men and women out of the lower into the higher ideals of life, out of aims which are bounded by self-interest into those which are inspired by loyalty to their fellows and regulated by the sentiment and conscience of the community as a whole" inspires us to strive for the same ends in China, Mexico and Turkey. Producing among conditions in the Western land a body of "alumni to whom the public looks with confidence for the inculcating of ideals, the training of intellects and, with the quickening of consciences, the generating of that powerful force called public

[1] A. S. Barnes & Co., New York. Pp. 319. $2.00.

opinion which political leaders cannot resist" means patriots of like mind and spirit all through the East wherever "liberal education under Christian auspices" is having a fair chance to show what it can do.

And as Yale passed on the idea to Beloit and Beloit to other colleges west of the Mississippi, so these missionary schools and colleges, the lands beyond our own borders, will multiply two, thirty and sixtyfold, until every state system of education will feel the moral stimulus and necessity of the Christian College, and until all peoples shall be led in the various walks of life by men and women who put knowledge and service above material gain. Such colleges as Beloit stand in foreign lands, as they do at home, as "fountains of intelligence, homes of piety, promoters of the nations' liberties, bulwarks of the Church of Christ."

## STUDIES IN CHINESE INTERNATIONAL RELATIONS

*China and World Peace* is by Mingchien J. Bau, who is a professor in the National University of Peking. The subtitle, which heads this review, is really a more accurate title for the work than the one chosen by the author. One looks in vain for a presentation of those contributions to the peace of the world which the Chinese race, because of what it is, is capable of making. However, as a discussion of the adjustments which other nations must make, if they would enjoy peaceful relations with China, it is clear and to those who sympathize with her aspirations quite convincing.

A brief presentation is made of the rise of the unequal treaties and of Chinese Nationalism, which stands unalterably opposed to those treaties. The example of Turkey's success in reclaiming her impaired sovereignty and the active assistance of Soviet Russia in rousing China to her unfortunate situation are cited as contributory factors in the rise of nationalism. A detailed account of the May 30 incident in Shanghai is given and called "The Spark that Set the Nation Afire." What is styled "The New British Policy in China" is criticized because of failure to express sincere regret for the Shanghai affair and to make concessions of a major character to meet Chinese aspirations.

The author then goes on to take up in order points in Chinese international relations, namely, tariff autonomy, extraterritoriality, concessions and treaties. In the matter of tariff autonomy the friendly attitude of the Powers is noted, but a frank statement is made of the difficulty which China might have in abolishing the "likin" or transit tax by January 1, 1929, when tariff autonomy is set to go into effect. Unless there is a strong central government the author doubts the possibility of enforcing China's commitments in this matter.

In discussing the surrender of extraterritoriality, Dr. Bau finds that under international law foreigners have no right to expect preferential treatment, simply to take the same chances with the people of the state where they live. Under the revised regulations governing the trial of subjects of non-extraterritorial nations, such as Germany, Austria and Russia, foreigners would not appear before police or military tribunals, but rather before what are called "Chinese modern courts," with specially trained judges and procurators. (The generally satisfactory experience of nationalists of the nations mentioned is cited as proof of the workability of the new status.)

While it is noted that concessions and settlements were leased to nations and individuals under more or less regular treaties, yet it is strongly insisted that "they do not enjoy any inherent right of self-government, but derive their privileges from the Chinese government" and that they are subject to negotiation and modification between China and the Foreign Powers concerned. Perhaps the most important bone of contention with Foreign Powers is the subject of the retrocession of these concessions. The author outlines in considerable detail how the government of the most important settlement of all, the International Settlement in Shanghai, might be reorganized so the Chinese should recover control and yet provide a large measure of participation to foreigners, a scheme aiming to make the city "a great corner stone of Chinese democracy and home rule."

In the matter of treaty revision the Powers are called upon to make good their promises, and their position in this regard will "decide tranquillity or turmoil, peace or war." The values of two methods of procedure are compared, that of individual negotiation between China and the Powers, and that of collective negotiation between China and the Washington Powers as a group. In the latter case it is suggested that the United States take the initiative in calling the conference.

Extensive excerpts from recent related international documents are inserted in the book.

EDWIN D. KELLOGG,
Shaowu, China.

## AFRICA PICTURE STORIES

"Little Knife-Handle was busily scrubbing his teeth with the frayed end of a piece of vine. Suddenly he heard the distant rumble of a drum, and he hastily stuck his toothbrush into a crack in the bark wall. From a crooked stick which served as a hook, he took down his precious bag which his father had woven for him of dried grasses. He peered into it carefully to see if everything was there. Yes, there was his wooden slate, his stubby pencil, his notebook, and his pen. He sighed as he thought of the little book he wanted so much—the primer he did not have the money to buy." The rest of the story tells how Knife-Handle secured the book. The whole story, with a large picture of Knife-Handle and his schoolmates reading from their precious primers, can be found in *Africa Picture Stories for Primary Children*,[1] by Lois J. McNeill.

Marta was a little African girl. Her teacher told the children that God made the gardens grow, so they decided that part of the food was really His. Marta and her schoolmates decided to plant a por-

[1] Can be ordered through Regional Offices or Board Headquarters. 50 cents for set of five pictures and stories.

tion of their garden just for Him and to bring the fruits to school as an offering. The money was to be used to help send a teacher to some little children who had no school and no church. Little children will enjoy the story of Marta. It is in the same collection and there is an accompanying picture.

### BRIEFER MENTION

*Christian Humanism.* By Russell Henry Stafford. Chicago: Willett, Clark & Colby. Pp. 253. Price, $2.00.

Dr. Stafford's approach to the problems of Christian thinking is through the everyday experiences of men. He begins with the Good Life. He goes on to the question of the Approach to God and God in Nature. He ends with a thoughtful and catholic urgence of a tolerant spirit. The collection is a good indication of what many ministers are thinking, especially among the younger men. The thought is always direct and clearly uttered and in touch with the needs of our life today.

# LETTERS FROM OVERSEAS

### A Word from Helen Dizney, R.N., of the Taiku Hospital, Shansi

"Do you know what the Lean To is? It is the bathhouse. It is attached to the kindergarten building, but projects into the hospital compound. A few years ago Miss Atzel fixed up two rooms for bathrooms, and ever since it has thrived as the only public bathhouse in our suburb. It is open Fridays: in the morning for women and girls and in the afternoon for boys. When it is going strong, as many as eighty come in in one day. The hospital furnishes coal, water, soap, towels, and strong arms to scrub the remoter regions. It is one part of the hospital I have no notion of improving.

"We are trying not to be too proud over all the progress at the hospital. Already there is an increase over last year at this time of over 60, and at the rate we are going we expect an increase at the end of the year of at least 150. This is largely in the women's hospital. There are those who say it is the result of the heart and time I have spent there. Next to carrying out doctor's orders correctly and doing things according to custom, my pet idea has been to create an atmosphere of friendliness, and that is where the canaries and geraniums come in. Apparently, it works.

"Ever since Chinese New Year we have had only one doctor, the other two being off to war, and with them five men nurses. It is going to be heavenly when they all get back. From tales I hear of army hospitals and lack of supplies, I imagine our nurses will be glad to *be* back. I suppose we shall arrive somewhere, sometime, and there is always the daily satisfaction of knowing the sick are getting care they couldn't possibly have at home. The one fact alone here in Shansi of the number of lives of mothers and babies saved would be enough to justify our women's work. It is an outstanding service.

"I was disappointed that our man public health nurse felt it his patriotic duty to go to war, for the work he was doing seemed to me more important. His monthly reports are interesting. He is very interested in all I can tell him of the work of my sister, who is a Red Cross nurse at home. He lectures in all sorts of places—schoolrooms, churches, homes, temples, and on street corners. He tells over and over about contagion, care of contagious diseases, value of vaccination and inoculation, gives school children physical exams, gives vaccinations and typhoid and other inoculations, etc. He is quite capable of filling the pulpit if he runs into a congregation without a preacher. He was in our first class of nurses to graduate and took the national examinations and failed in half his subjects. Every year since he has taken the subjects over. It has been pretty plucky of him, for he lost a good deal of 'face' coming back each year. And this year he passed his last exam!"

The Star Patient at Taiku

*Here is a man that went away happy from the Taiku Hospital, even though he had to do it on one leg. He has been a teacher in one of the government schools of Shansi Province.*

### From Miss Agnes Baird of Sofia, Bulgaria

"I wish you could have seen our Baby Health Station at work yesterday afternoon. We had fully fifty mothers with *more* than fifty babies. Our doc-

tor's face was radiantly happy and the two nurses were kept busy for nearly three hours, registering weight and instructions on each baby's card.

"A remote village that I recently visited is notorious in the number of young women and mothers who have died from the hardships of village life and ignorance—causing a great number of tuberculosis sufferers. I was told of a number of our own Protestant homes where the mother now was a second, third, and even a fourth wife—not by divorce, but by tuberculosis. The mayor had lost his wife and two children by this disease.

"Taking this condition as a text, I had a woman's meeting in the church and asked the women to promise me not to drink out of the same clay jug of water as the rest of the family, especially if some one was sick, but to try to have individual cups. Yet one must remember that every drop of drinking water must be brought by hand a long distance for many of them, and individual cups are a luxury they cannot easily afford—too much water would be wasted in this way! Yet they must be taught a better way of living in spite of their poverty."

BULGARIAN VILLAGE WOMEN

*This is a group of the peasant women of whom Miss Baird speaks above. Too many village families live in one or two-room mud-colored huts with earthen floors, on which they sleep, carefully excluding the outer air at night. Rural "upper-tendom" alone has individual dishes, tables, beds, and proper-sized glass windows. The Haskells' projected "Folk School" will teach the peasants to make their homes more sanitary, comfortable and happy.*

RUTH COWLES OF JOHANNESBURG WROTE ON MAY 15, 1928

"The Baby Clinics have been growing beautifully since last I wrote, and we now have three instead of two. At the last clinic organized, we have an average attendance of thirty-four babies, and the mothers are tremendously enthusiastic. At my special pet clinic we have three pairs of twins. Nancy and Jeremiah are just beginning to walk; Maggie and Cecil are starting to creep; and Jacob and Esau are big enough only to eat and sleep. 'Sammy,' the first baby to attend an American Board Baby Clinic here, came last Saturday to show me his first tiny pair of trousers! He has scarcely missed one clinic since the beginning, and his mother is justly proud of her fine young son. Fat Zaccheus comes every Saturday, too, in tow of his little brother since baby sister came. The baby clinics are such a joy!

"Our medical clinics continue to care for a great many folk who are not sick enough for hospital, and are doing much for the prevention of serious illness. Our three native nurses are doing splendid follow-up work in such cases, but unless we can get more funds, I fear we shall have to let one or two of them go. At present we are having to pay out more than $180 a month for doctors alone! The burden is really more than the clinic funds can stand, but we must not fail the people who depend on us.

"You see how intermingled are the lights and shadows of the work! You at home are responsible for much of the light, and I wish you might have a sense of the great joy it brings. We depend on you for it!"

H. W. ROBINSON GIVES PAOTINGFU'S 1927 MEDICAL REPORT

"With the war raging around Shihchiachuang, where our Noble Memorial Hospital is located, this work has become more of a problem for the station than ever before. Fewer people have come to the hospital this past year, and because of their poverty, increased by war, they have not been able to pay as much for medical service as usual. Our total expenditure for the hospital during 1927 was about $2,585 U. S. Currency, of which $1,598 came from Chinese sources. We had to close the hospital books at the end of the year with a deficit of more than $200, and conditions are such as to make self-support for the hospital out of the question still.

"We considered building on our lot in Shihchiachuang but had to give it up because of the war. Now we are considering the purchase of a building which can be bought for less than it would cost to put up a new one.

"During the year there were 36 major and 119 minor operations performed in the hospital, and the total number of treatments given was 5,083. Dr. Li was given two months' leave of absence during the year, one month of which he spent doing special study in the Peking Union Medical School. A nurse who gave excellent satisfaction when he was with us a few years ago has now returned to the hospital, and as soon as conditions quiet down we believe the hospital will be in a position to render excellent service to the Shihchiachuang community."

## DAVID LIVINGSTONE

*Medical Missionary*

Forth to the fight he fared.
High things and great he dared.
He thought of all men but himself;
Himself he never spared.
He greatly loved, he greatly lived,
And died right mightily.

*Oxenham.*

DR. EDWARD W. WILDER OF ALBERT VICTOR HOSPITAL, MADURA, INDIA, WRITES:

"During the year a man who said his name was Samuel came to the hospital with infected glands of the neck. Later we found that he was a Hindu who had adopted a Christian name with the hope of getting better treatment. This is not the first time that this has happened. He remained with us about as long as did a man who was with us last year with a similar ailment, and was as helpful with the patients as the latter. It developed that his wife was a Christian and that an attempt had been made in his little village to have Christian services, and even to establish a church. This, however, had been frowned upon by the landlord, who controlled the village, for the sound economic reason that if the people became Christians he would lose their Sunday work. Later on in the year, and while Samuel was still with us, who should apply for admission but this same landlord, seeking relief of the common disease of 'Madura foot.' Usually amputation of the whole foot is the only cure, but this he firmly refused. Fortunately, he had come early and we decided to try careful medical treatment, with the removal of only one toe. We succeeded and so happy was he that when he went back he not only gave permission to the people to become Christian if they wished, but offered to contribute land and money for a church building. Samuel went home later, cured, and if anything, happier than his landlord. He has since been baptized, and a strong Christian center has been built up in that village by the Lutheran Mission in whose territory it is."

DR. WILDER AT WORK WITH RECORDING ASSISTANTS

*This is in the out-patient department of the Albert Victor Memorial Hospital, Madura, South India. The picture was taken by Mr. George R. King of Allston, Mass.*

REV. PAUL NILSON OF TALAS TOURS WITH AN M.D.

"Last week Dr. Clark and I made 200 miles over the Anatolian plateau, visiting a number of cities and villages, dispensing medicine and giving stereopticon shows. During the last few years many trails have been widened and mountain roads repaired, so that it is possible now to visit many out-of-the-way places with an auto.

"Our first stop was for a swim under the one-arch bridge that crosses the Kizil Irmak River. By evening we reached the village of Genizin and were warmly welcomed even though the letter sent a week before had not reached our teacher-friend. However, we were soon comfortably cared for in the schoolhouse, and Dr. Clark immediately began work.

"The first case was an emergency case—in the gaiety of the three weddings that were being celebrated that week two young men had played with knives and one got a terrific gash on his hand, which the doctor dressed. But he could get no pay for this, since neither the wounded man nor the one who gave the wound felt responsible for the doctor's bills!

"During the evening and all next morning the doctor was busy with his patients. The nearest doctor is in Urgub, fifty miles away, and sick people do not care to travel that far on donkey back. At Orta Koy and Gornek, although we stopped for but two hours, the doctor's whole time was taken with caring for the sick. This village work actually helps those who are in need.

"On the way home we stopped an hour at Urgub and called on the Mayor, as well as the newly appointed doctor. As the Turkish Government is able, the Health Department is sending doctors to these larger towns. But many years will pass before the great mass of villagers will be in reach of medical care."

FROM DR. PERCY T. WATSON OF FENCHOW, SHANSI

"The first year we were in our hospital plant we had 655 in-patients. In 1925 we had 712. In 1926 we had 975, and in 1927 we had 1,069. On March 1 this year we had had 30 per cent more in-patients than we had had in any previous year on that date. Fully a third of the people cared for are sleeping on boards. We have really reached the limit of our

capacity for growth until something comes to make it possible to get more beds and bedding, and to have room for servants outside the hospital, who are now occupying valuable space within it.

"Last year our local income was as great as the contribution from the entire church membership of the North China Mission in 1925. It was the equivalent of 50,000 days of labor. In America, at $5 a day, this would have been $250,000 gold. The lowest fee we have is the equivalent of a day's wage for unskilled labor for each day in the hospital. In addition to this are bills for drugs and operations. In a recent article in *Harper's Magazine,* by Dublin of the Metropolitan Life Insurance Company, attention is called to the fact that for the period between 1917–23 the eighteen hospitals reporting to the United Hospital Fund increased their receipts from $1.46 to $2.67 per day. The daily wage scale for America was greater than that. Therefore, in Fenchow we are asking the Chinese, with their very tense economic background, a larger fee in proportion to their economic background than is charged by American hospitals.

"In spite of all the anti-foreign and anti-Christian agitation, the work of the hospital has steadily increased. Our patients are coming from wider and wider areas, more and more are we getting people of important political positions. It used to be that we sent missionaries over wide areas in order that they might reach the people. Now, on the other hand, people are coming to our very doors. Our hostel was started last year. We had people from sixteen different counties cared for in it; counties of large size, sometimes as large as the state of Massachusetts. Without this hostel we would have had to turn away people who had come long journeys at great expense.

"One of the greatest satisfactions we have is that there are very few members of our staff who could not get higher salaries elsewhere. We hope that our staff will always be composed of men who are willing to sacrifice and to accept smaller salaries in order to render Christian service. Loyalty to Christian ideals is a very valuable asset to the spirit of the work. Recently I raised the salary of one of our Chinese doctors who has been out of medical school three years and is able to do all kinds of major surgery, as far as our hospital is able to teach him. We raised his salary to equal $35 gold. He kept his check three or four days and then brought it back, saying he did not want his salary raised $10 in Chinese currency because he knew how much the hospital was in need. I do not think people in America can know what a struggle this must have

RED CROSS WORKERS AT THE FRONT

*This is Dr. Wang (center), a member of the Fenchow Hospital staff, and six of his Chinese nurses. When the picture was taken they were on duty near the front lines, not far from Shih Chia Chuang.*

meant for him. His father was a farmer, who ground flour better than other people, and he furnished flour to our mission families for a good many years. His father did things thoroughly, and he has inherited his father's thoroughness. Unfortunately, his father died and left on his doctor son the care of the younger members of the family, and their education. He expects to be married soon. He had a telegram last night from the Governor, asking him to go to the front. He has had offers elsewhere of a salary double what we now give him.

"You have no idea of the driving demands on our nursing staff; no meals, no sleep. We hope that it will be possible to send another nurse to Fenchow. Neither Miss Kellogg nor Miss Noreen can stand long the strain made upon them. Although Miss Noreen has been busy with language study and had only limited time for the hospital, it is surprising how high a regard the business men of our city have for her abilities. Her praises are widespread. Her warm heartedness in the treatment of the sick, as well as her unusual abilities, have already made a place for her in these anti-Christian, anti-foreign days. It seems remarkable that a missionary so fresh from America could so easily and so quickly reach such a stage of appreciation by our local community. They are all hoping that her days of language study may soon be over, so she can give her entire time to her task.

"We are enthusiastic over the fact that Dr. Curran is back here, with new training, which will greatly increase the standards of our hospital service. All these things mean increased Christianity. In the highest type of Christian medical service, we feel that we have a very effective union of science and religion. My whole lifetime has been given to trying to build up means whereby our scientific medical service may be adequate in equipment and plant, so that patients may be given the warmth of Christian service expressed by performance and actual deeds."

### Dr. Rose F. Beals of Wai Hospital, India

"We have had a plague scare. That means that there is bubonic plague in some of the surrounding villages and in Satara. It also means that there is an epidemic of plague among the rats in Wai, and they are dying in several parts of the town. We have had a great deal of plague in Wai during the last twenty years. And the people of Wai have thorough faith in inoculation. As soon as the rats begin to die, the people swarm to get inoculated. The Wai municipality provides the vaccine, which is prepared in the Parel Laboratory in Bombay. But we have to do the inoculating. Usually one of the doctors has just given up his time to inoculating. But this year we decided to all pitch in and help. So several mornings at the dispensary last week we all worked, and did a large crowd in a comparatively short time. When such a scare is on, fewer villagers come to the town and fewer to the dispensary; but even so it really has not cut down our work very much.

Studying Bugs in China

*A public health nurse, Mr. Ming, lecturing on a street corner in Taiku, uses a convenient wall to hang his charts on*

"When Miss Picken was leaving Satara to go on furlough, she came over to say good-by and stayed the night. In the morning she led our staff meeting at seven o'clock and then went rounds, or partial rounds, with me in the hospital. She was especially interested, as I am, in a Brahmin boy, aged fourteen, who has been in the hospital about a month with a compound fracture of the left arm. He is from Sholapur district, studying here in the Hindu Theological Seminary. He is having a very hard time of it. As is our routine with such cases, he received a prophylactic dose of Tetanus Antitoxin the night he came, when we set the broken arm. And yet, now, after a month, he has developed a mild case of tetanus. It is certa nly hard luck for the boy, a fine active lad. He can't open his mouth to eat and is living on gruel and milk; and the convulsions, though mild, are very uncomfortable. But he is lucky, for

*Concluded on page 446*

# AROUND THE WORLD

## GREAT CHANGES IN WEST AFRICA

The wisdom and foresight of the early missionaries is every day becoming vindicated in the West Central Africa Mission. The railroad has now reached the frontier. Portugal and Belgium have concluded a trades treaty. The main mail route for northern Rhodesia and the Hinterland of the Belgium Congo will go via Lobito and, more recently, the capital of the colony is being changed from Loanda to Huambo. The Governor General is moving his offices to Huambo, which is now christened Nova Lisboa. One of the reasons given for this change of capital is the presence of a strong missionary organization in these parts. It is calculated that more than 1,200 Europeans will move in with the shops and offices of the railroad and the government. Bailundo is fifty miles in one direction, Dondi the same in another, and Sachikela about a similar distance in still another direction, while Galangue is located about an equal number of miles away. Rev. H. C. McDowell has repeatedly prophesied the rise of Huambo and has pleaded with a succession of Portuguese governors and administrators to put through a road to Huambo past the American Board Mission. The possibilities inherent in all of this are obvious.

## WOMEN SHARE IN RESPONSIBILITY

The merging of the Woman's Boards with the American Board, and also the taking over of the work in Syria by the new Armenian-American Council, has brought about a new phase of what we used to call "Woman's Board Work." The missionary women of Aleppo Station are now represented on the Station Committee, which conducts the general work of the field. They have been asked to serve also as a sub-committee on work for women and outside schools, uniting with themselves on this sub-committee two or three women from the churches. "We hope and pray," writes Mrs. John Merrill, "that this new plan will work for a wider interest and a more active participation by the women of Syria."

## A HARMONICA BOY!

"Do you suppose he would have a trumpet for me? And—and—one of the blow music things? (harmonica)," inquired little Small Bench, the nine-year-old pet of the Williams-Porter Hospitals, Tehchow, Shantung, China, when Miss Myra L. Sawyer asked him what he would like Santa Claus to bring him. Small Bench had been suffering from Kala Azar, the Oriental spleen disease. When he first came to the hospital for treatment his abdomen was four times its present size, but he is now making a fine recovery.

The little girl in the center of the picture is Love Mercy, a hospital waif, adopted when fourteen months old by her adoring foster mother. She is now four years old.

And the third member of the group, who is giggling hard enough to make up for Small Bench's solemn countenance, is Little Song, who had her nose almost crushed off her face in a cart accident. What a tragedy lay before her—for how could one find a husband for a noseless girl? However, Dr. Li hopefully sewed it on, and it grew! And that is why Little Song is looking so happy.

## TURKISH BOYS START SCHOOL PAPER

A monthly paper, called the *Kizil Tchoullow Interpreter*, has been started by International College students. The first number contains items in Turkish, French, and English. The editors state that the purpose is to tell colleagues and friends of the college what has been done, to give news about alumni, ex-students and teachers; "but more especially we hope this paper will be a souvenir for ourselves of our very pleasant year together." This issue states that half of the graduating class are making plans to study abroad. Tefik Fikret has secured a scholarship in engineering and will study in Massachusetts or Georgia, while Moubin Halid plans to go to America for study in New York University.

## THE MUSTARD SEED

One of the workers at Aruppukottai, in South India, tells the story of finding a young man in one of the villages whom she, as a young teacher, had taught when he was a little Hindu lad of seven years. The young man was delighted to meet his teacher again and told her that he had not forgotten her teachings. As he grew older he had read many books and finally became a Christian. He had also been the means of bringing many others to Christ. He did street preaching. He was anxious to receive help in building a church, toward which he himself promised to contribute a considerable sum.

SMALL BENCH AND CO.

*Left to right, Small Bench, Love Mercy and Little Song*

## DR. McCORD ON AFRICA DISEASES

Dr. James B. McCord of the Zulu Mission, in an address at Riverdale Country School, New York, recently made several interesting statements regarding Africa and the work there. "The people of Africa," he said, "suffer from many of the same diseases as in the United States, except cancer and appendicitis. Of course, they have many native diseases peculiar to tropical climates. Africa is an area nearly four times the size of the United States and a population of about ten million. There are about 140 missionary physicians in Africa, an average of about one physician to a million population. The city of Detroit has one thousand physicians to a million of its population. One office building in Detroit furnishes offices for more physicians than there are missionary doctors in the whole of Africa. It is physically impossible for the missionary physician in Africa to attend to the medical needs of more than about one per cent of the people."

## MEDICAL MISSIONARIES TO EMPHASIZE PUBLIC HEALTH EDUCATION

Medical missionary work in foreign lands will more and more take the form of public health education and the training of nationals as phy-

sicians and nurses, rather than the treatment by Western-trained specialists of individual patients in hospital and clinic and through surgery and medicine. This was the consensus of opinion of the one hundred medical missionaries—furloughed doctors and nurses and Board medical secretaries—who attended the Conference on Medical Missions held at Riverdale-on-Hudson, April 3 to 5, under the auspices of the Foreign Missions Conference of North America.

This medical program is an international adaptation of the proverb, "An ounce of prevention is worth a pound of cure." It is made necessary first by the physical impossibility of sending overseas a sufficient number of trained doctors and nurses to care for the millions of sick folk in Africa, China, India, and elsewhere the world around; and secondly, because much of the present disease of Africa and the Orient can be prevented by simple instruction and demonstration in matters of personal hygiene and public sanitation.

Two important proposals for the more effective carrying on of medical work in Africa were made and

HOSPITAL EVANGELISTS

*Messrs. Chang and Wang, who preach the Gospel in the wards of the Williams-Porter Hospital at Tehsien, Shantung, China.*

adopted by the Conference. One was that an International Advisory Medical Board be established for the development of medical missionary work in all of Africa, for the fostering of coöperation between missions and governments in their attack upon Africa's great scourges, such as the sleeping sickness, and for the development of public health work. The Foreign Missions Conference was asked to take this matter up with mission groups in other countries with a view to the development of this African board at an early date.

The other proposal concerning Africa favored the establishing of "at least one medical school even on a modest scale, rather than waiting for a large commitment." It was pointed out that there is nowhere in Africa adequate school facilities for the training of natives as physicians, and only a few for the training of native nurses, while there is an appalling and pressing need for both doctors and nurses. The Foreign Missions Conference, through its committees, was asked to lead in the plans for establishing these training centers.

"We recognize the continued challenge that the medical needs of a large portion of the world present to the Christian Church; we realize how inadequate are the forces, both personnel and financial, that are trying to meet these needs; and we challenge the present student generation with this problem," say the findings of the Conference. "The need for well-trained medical workers, both doctors and nurses, is as great as ever, if not even greater, for the non-Christian world is demanding the very best that the Christian world has to offer. There is need at the present time for specialists in all branches of medical science, for workers in pioneer fields, in small and large hospitals, in medical schools, and in public health work. We call the attention of the churches and the mission boards to the difficulties and problems facing the medical students in securing a medical education to meet the demands on the foreign field. We ask for these medical students the interest and help of the friends of medical missions."

Another resolution called the attention of the mission boards to the "great and urgent need for dentists among the foreign personnel in some of the mission fields, especially China"; and voted that the next medical conference consider at length plans for dentists and dental education on the foreign field.

In addition to the consideration of the development of work on the field, the need for additional personnel, and technical matters having to do with the status of the missionary and his work, there were several lectures on recent advances in medical knowledge and kindred scientific topics. The closing session was held at the Presbyterian-Columbia Medical Center, where the delegates inspected the new building and had an informal presentation of special topics by Dr. A. C. Whipple, chief surgeon of the Presbyterian Hospital.

ANOTHER HOSPITAL EVANGELIST

*This is Mrs. Wang, who for ten years has been a special evangelist of the Williams-Porter Hospital.*

## WEE FLASHES OF SPIRITUAL GLORY

Mrs. Wang, known as sweet Mrs. Wang, has been an evangelist connected with the Williams-Porter Hospitals at Tehchow, Shantung, China, for ten years. Her patient teaching has borne fruit. Two other earnest workers as evangelists for the Williams-Porter Hospitals are Mr. Wang and Mr. Chang. At Christmas time Mr. Chang surprised the missionaries by bringing as a Christian convert a man patient who had adopted one of the orphan babies. This man had worshiped mud idols all his life until he came for treatment of a huge carbuncle to the "Jesus" hospital.

Mr. Wang is a living dividend of the Williams-Porter Hospitals, for in 1908, at the age of twenty-four, he came to the hospital blinded from corneal ulcers and trachoma. The next year, although his eyes seemed considerably improved after long treatment, recovery of sight seemed hopeless and he was sent to the school for the Chinese blind in Peking. Two years later treatment, good food and a healthy *régime* had restored a measure of his sight, which was much improved by glasses. In 1912 he became an assistant Christian worker in an outstation, and from 1921 to the present Mr.

Wang has been in charge, as a preacher, of Sangyuan outstation.

## MEDICAL WORK IN TALAS

"As a station," writes Mrs. Woolworth, "we would like to express our appreciation of Dr. Clark's and Miss Eddy's work, and also to point out some of the difficulties which they have been facing.

"Hospital activities this year have been expanded to include work in Cesarea and surrounding villages. Clinics in the city are being held one afternoon a week. One day soon after this work was started such a crowd came that fifty people were admitted, and more than that sent away to come back the next week. Later it was agreed to admit thirty people each clinic afternoon and to charge 5 cents per ticket. Village trips have proved most encouraging. Many people have been seen and the touch thus obtained has brought additional people to the hospital.

"On the other hand, hospital finances are increasingly difficult. A main factor has been the unusually long, cold winter preceded by two years of bad crops. Cattle have died in large numbers because of cold and lack of food, and many farmers could not plant the seed they had for lack of cattle with which to plow. The price of wheat is nearly double that of last year, and three times that of the year before. Many people are continuously hungry. Consequently, many find it difficult, if not impossible, to get the bit of money necessary to come from Cesarea to Talas, let alone from some distant village. And when they do get to us, almost without exception they can pay but a mere pittance. We often feel compelled to admit patients into the hospital for as low a fee as a dollar and a half a week, everything included, when the actual cost without specials amounts to that for two days.

"People often come to us who show symptoms of scurvy, for they have had little or no fruit or green vegetables during the long winter. Their villages often produce little but grain, and what vegetables they had were long ago exhausted, so they come complaining of pain in limbs or backs, with foul teeth and bleeding gums, the evidence of scurvy such as one seldom sees in America."

## TURKISH GIRLS TAKING UP NURSING

Dr. Lorrin Shepard writes from the American Hospital, Constantinople, that out of a class of twenty probationers in the School of Nursing enrolled this year, fourteen or fifteen are Turkish girls. The girls get a good training in a profession for which there is great need in Turkey today. The authorities are beginning to realize how keenly the need is presenting itself.

## A FRACTURE BED IN CHINA

No one but a doctor or a nurse can fully appreciate the story that this picture tells. Miss Jennie Jacobs, who sent it to America, has been working since 1924 as a nurse under the American Board. She first went to Shaowu, China, where she became superintendent of nurses in the Women's Hospital there, working with the two American doctors Edward L. Bliss and Walter H. Judd.

"Note the position of the rope at the end of the bar," requests Miss Jacobs in describing the picture, "adjusted by the patient's friend in order to relieve the tension on the limb. After repeated warnings and with this picture as proof, the patient coöperated, and now all is well. A similar case, however, had all the bandages taken off at two different times. The results are doubtful. An adequate nursing staff would have been able to prevent this. WE NEED NURSES."

Miss Jacobs took her nurse's training at the Presbyterian Hospital in Chicago. She was a Red Cross worker in Georgia during the Great War and later did home missionary work in the Kentucky Mountains, where for some time she labored without the assistance of a doctor. Following this, she took a course in public health nursing in Louisville, followed by a year of rural public health work, in which she won high commendation for her grasp of community problems.

Then came China and the exciting experiences of the forced evacuation of the women from Shaowu, leaving the two men doctors to care for the hordes of both military and civilian patients that flooded the Shaowu hospital. At present, Miss Jacobs is serving in the Foochow Missionary Hospital. The fracture bed here pictured was constructed by Dr. Campbell, the surgeon, after the battle of October 13.

## HOOKWORM IN INDIA

From seventy-five to ninety-five per cent of the people in India are said to be infected with hookworm, according to the Rockefeller Foundation. The hard conditions of the life out of which come most of the boys who attend the Pasumalai Trade School are reflected in a good deal of sickness, chiefly fevers and sores. Regarding the hookworm disease, the school was recently stopped for three days while the students were treated, and they have shown improvement since in more vigor and better appetites.

## A REAL PATIENT

A recent patient of the hospital at Tunghsien, North China, was a schoolgirl who went to Peking to study nursing last fall, but fell ill, and was found to have tuberculosis of the hip. "They told her she would have to lie in bed for two or three years with considerable pain, and the prospect of being a cripple when she finally gets well. This, as a substitute for studying nursing, is a great disappointment, but she

A Fracture Bed

*This is an improvised fracture bed in the men's ward of the Foochow missionary hospital. The picture is provided by Miss Jennie Jacobs, nurse.*

meets it well. When she came they put her into pretty pink and white striped outing flannel pajamas, the gift of some good friend at home, who would have felt liberally rewarded if she could have seen the joy of the sick girl as she fingered the softness and said, 'I never had on such a pretty garment before in all my life.' Their lives are so dull, and they love color so! And two years!"

## A LEPER'S SONG OF VICTORY

*The Japan Christian Quarterly* for January, 1928, contains the following translation by Lois J. Erickson, of a Japanese hymn written by K. Nagai, who is a leper:—

### IN ALL THINGS VICTORY!

He hears me pray to Him upon the deep
When masts are gone and tattered sails are blown:
The storms that drive my frail boat out to sea
He hears and sends the wind that wafts me home.
Naught that can come shall bring despair to me,
Gaining in all things more than victory.

He hears me pray to Him when I am lost
Amid wild mountains and no path can see:
He saves me from the beasts and from the night,
And gives the comfort of His strength to me.

He hears me pray to Him when my tired feet
Are toiling o'er the desert's burning sand;
Through His own blood revives my fainting soul
And to green pastures leads me by the hand.

The limits of the earth are wide and vast,
And vaster still its shining dome of blue;
Yet through this space I always hear His voice,
"O little one," He says, "I died for you."

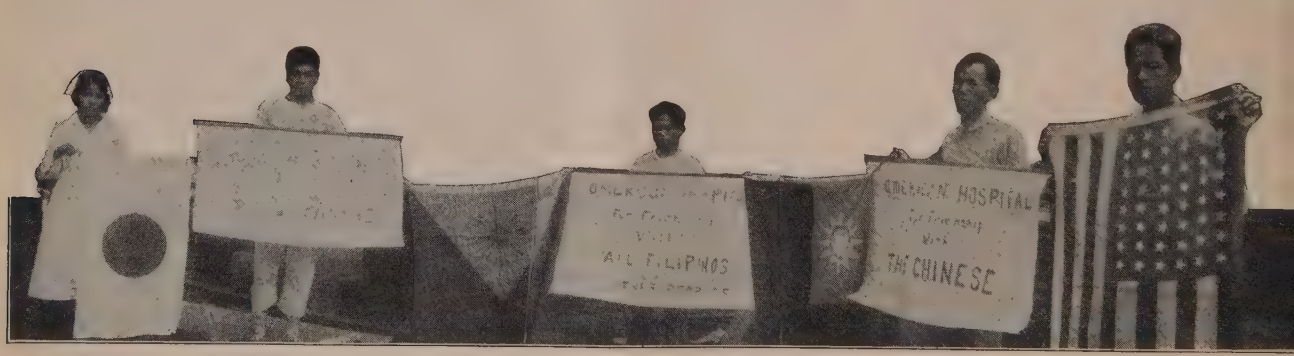
My Lord in me has found a dwelling-place
And I in Him: Oh, glorious boon to gain
To be His temple! Gladly I will face
In His great strength all bitterness and pain.
Naught that can come shall bring despair to me,
Gaining in all things more than victory.

## DR. WALTER JUDD CALLED A FOOL

More than ten thousand treatments annually is about six thousand too many for one doctor in the opinion of Walter H. Judd, M.D., of Shaowu, China. This is the number of treatments he has been handling. "There is a certain maximum rate of speed which one man can keep up in ministering to patients' needs," Dr. Judd points out, and in his case it averages about eight an hour. About one-third of the patients treated during the past year or so have been soldiers or officers. The majority were able and willing to pay regular fees and medicine charges. "However, we did feed and treat one stranded soldier for ten months without remuneration," Dr. Judd explains. "Another deserted by his outfit, because no longer of any use to it, has been living for eight months in a Taoist Temple with the priests, and hobbles to the Christian Hospital daily for treatment." Because of a limited nursing staff, because of lack of instruments for major surgical cases, which didn't arrive until the end of November, and because of six military occupations, Shaowu Hospital has been forced to restrict its in-patient department. "We could never know just when the next bunch of soldiers would come pouring in and force us to give over the new hospital building for their use as barracks for soldiers or stables for horses."

The chance of securing a new job at a higher salary than what he is getting as a Christian missionary came to Dr. Judd during this period. Many times during his occupation of the Girls' School and the Ladies' Residence, the Brigadier General and several delegations of officers came to Dr. Judd, not only for treatments, but to ask him to become head of the Brigade's Medical Corps. "I was, of course," Dr. Judd points out, "glad to do my best for the sick as long as they were stranded here, but I could not leave Shaowu to move about with them. It was painfully illuminating to observe the arguments advanced for my 'joining up'—a salary considerably above that of a missionary, and 'more if that isn't enough,' plenty of money for all supplies and equipment I might want, plenty of assistants and male nurses so that all I would need to do would be to glance at the patient and give orders, a snappy Nationalist uniform like their own, a personal bodyguard night and day, etc., etc. They decided privately, and one publicly, that a man was a non-understandable fool who would do the 'dirty work' of caring for their sick and yet voluntarily turn down the salary, uniform, and bodyguard features."

Rev. Emmons E. White, formerly of Aruppukottai, has become the new Director of the Language School at Kodaikanal, succeeding Dr. John S. Chandler, who retired in January.




All Things for All Men at Davao

*In the parade at Davao, P. I., on the last Fourth of July, the Board's mission hospital was represented by Filipinos, Chinese and Japanese. The picture shows the signs and flags used. The nurse at the left holding the Japanese flag is the head nurse of the hospital. Next to her is a Japanese patient in the hospital. In the center is a Bagobo boy from the hill tribes of Mindanao. He is a graduate of one of the mission's schools in the Davao section. The second from the right is Dr. Brokenshire's Chinese cook, who prepares all the food for the hospital. The boy holding the American flag is a Christian Filipino attendant in the hospital.*

### THE GREAT PHYSICIAN

In a little village near Aruppukottai, South India, a small girl of twelve years had been suffering from fits for a long time. Of course her people, in their ignorance, did not know what to do for her, and instead tried to "drive the devil out." The poor child became worse instead of better and was soon having several of these terrible attacks a day. Finally the parents consented to let the Bible-woman come and see her. There was no medical aid there and her folks would not let her go to the hospital, so the Bible-woman prayed with her each day and taught her as best she could. The child is getting better! The Bible-woman reports that often requests for prayers are made during times of sickness, and the patients are helped by it. Thus one more illustration is given to the story of the Great Physician.

### THE BLIND LEAD THE BLIND

In Kobe, Japan, there is a School for the Blind. Some years ago a young lawyer was smitten with blindness. He was not a Christian and his heart was bitter against the power that had blasted his hopes at the beginning of his career. His wife had been attending classes at our Training School for Bible Women and she finally persuaded him to go and listen. He became as a result an ardent Christian, with a burning desire to do something for other blind people. The work began by two little boys being taken into his home. Gradually the work grew. Before he died he had fulfilled a cherished desire—that of placing a little book for the blind, which he himself had prepared, in every home in the Province where there was a blind child.

### BULGARIAN PASTORS MEET

"Our pastors, with their wives," writes Rev. Theodore T. Holway of Philippopolis, Bulgaria, "have just been holding a two weeks' Bible school—a joint affair, at which there were about 120 present from the Congregational, Methodist, Baptist, and Pentecostal denominations." During the sessions papers and talks were presented by representatives of each group. These were well prepared and Mr. Holway feels that men and women alike benefited from them. Outside speakers included Mr. Lee Vrooman of Smyrna and Mr. Gentle-Cackett of the Bible Lands' Missions Aid Society of London. This organization provided food for many of the workers; beds were furnished by the Samokov schools; and the American Board Mission contributed toward the railway and automobile expenses. "The meetings for prayer only, brief but fervent, were exceptionally good," says Mr. Holway.

### READY FOR CHRISTMAS

The Education Department of the American Board is announcing a new Christmas Service for the Church School. "The Star Leads to the Manger" is a complete Christmas Service, including the worship service, familiar Christmas hymns and a dramatization of Mary, the shepherds, the wise men and groups of children, young people and adults representing Japan, China, Africa, Mexico, India and America. In a nativity scene Mary asks the groups why they are seeking Jesus, and they reply, "We would give him gifts as the Wise Men did of old." During the course of the program each group tells what gifts it has to offer. The special contribution of each nation is shown—India offers a natural religious spirit, Africa offers generosity and cheerfulness, Japan offers patience and loyalty, etc. The conclusion shows that we may all give all that we have and all that we are to Jesus in world service.

The program is suitable for a church service and is adaptable to any church, large or small. There are parts for adults, young people and children. The desired number of programs for the audience, and supplements for the committee and caste, will be furnished free upon request if an offering is taken for the work of the American Board.

Copies will be sold at cost price to churches which would like to use the program without relation to the offering. Write to the Education Department of the American Board for samples or for further information.

## MISSIONARY PERSONALIA

Dr. William L. Thompson, over seventy years old, in response to an S.O.S. from Gogoi, where little Donald Dysart was very ill, covered the first few miles of the thirty-five from Mt. Silinda in an auto, then took to a bicycle, and then to Mrs. Dysart's bushcar. Traveling mainly at night through the long wet grass, he arrived at 2.45 A.M. dead tired, but keenly alive to the situation; with him he brought new remedies. During his short stay he was kept busy examining patients. Little Donald made a good recovery after a long siege.

Mr. Edson C. Lockwood expects to welcome his *fiancée*, Miss Dorothy Patton, on December 1 in Colombo. A week later they are to be married in Madura. "I expect that we shall come to Kodai for our honeymoon,"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he adds. "I look forward to my work on the plains very much. I am thankful that I arrived on the field in November. It gave me a fine opportunity to get acquainted with the work in the Madura Mission before I came to Kodai for the ten months of language study. I visited Manamadura, Pasumalai, Aruppukottai, Battalagundu; toured a bit; saw the school work being done in the villages. Mr. Martin took me along with him on a trip far up the Kumbum Valley, where the congregation was planning to build a new church. Of course they made quite an occasion of the day and held a big meeting. We were all garlanded (I for the first time in my life) with small but very pretty chrysanthemums.

"Instead of coming up the motor Ghaut from the plains to Kodai, we thought it would be a lot of fun to come up the Old Ghaut, just a zigzag pack-pony path twelve miles long. At first we planned to make the 7,000 feet climb on foot, but the Noltings advised me that mountain climbing in India was not what it was in New England. Hence we finally agreed to take chairs for the first six miles and walk the rest. Our coolies carried us the six miles in two jumps and incidentally sang us their old 'Hungogum Song.' Then they began to improvise songs concerning the presents they expected from us. My coolies were good singers, but Emmons' were not so good, and mine would give catcalls whenever the others ventured to sing anything."

MR. LEONARD J. CHRISTIAN'S happiest hours during the past two years have been spent in direct evangelistic work in homes and shops. With Pastor Guok he has made calls on church members and learners. "Never once during those visits were we insulted," he writes, "nor did we receive anything but the most courteous treatment. The very propaganda that had as its object the destruction of the Christian movement served as our advertising agent. People wanted to know what it was all about, and what sort of doctrine or movement it was that called forth all the agitation. Visitation in the homes and shops strengthened the hands of our Chinese Christians, and helped to keep up the morale of the workers. It has been interesting to watch the pastors and preachers warm up to the development of the pastoral side of their work; the year has been a difficult one for most of them. I have found the Chinese everywhere, whether in the city or country districts, open to the Gospel message, and happy to have the claims of the Gospel presented."

MISS ARLENE HALLETT feels, at the close of her first year, which has been spent in the Language School in Constantinople, that it has given her a contact with Turkish people in a different way than she otherwise could have had. "Our great aim here in Turkey must be to work with individuals, I believe," she writes. "I find it hard to put into words all of my impressions of this year, but I know that no other will ever be just like it. As I sit here writing, every time I glance out of the window I imagine I am looking at a Maxfield Parrish picture. The blues that we see here do not exist in any other place in the world, I know."

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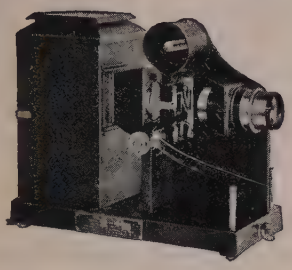

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Miss Katherine Fanning was one of the five delegates of the Japan Mission to the Conference of Federated Missions, and although it followed two days of "most engaging" kindergarten conferences, she found it a joy and inspiration. "The chairman represented one of the finest types of stalwart manhood—Mr. J. C. Mann of the Church Missionary Society of England. The delegate from the Federated Council of Missions in Korea surprised me by stating the number of Japanese—nearly 400,000—in Korea, and between 200,000 and 400,000 Koreans in Japan. We at the Kindergarten Conference were delighted with a long and splendidly worked out letter and report of the International Kindergarten Union from Miss Howe."

Miss Fanny Gertrude Noyes, R.N., was commissioned on Tuesday, the 18th of September, in the offices of the Board. Secretary Riggs presented the commission; Miss Bertha B. Morley of Merzifoun welcomed her to the Turkey Mission; Miss Mary Uline read a letter from Mrs. A. M. Gibbons of Cleveland, which welcomed her to the fellowship of the Congregational churches of Ohio; Miss Mabel Emerson offered the prayer of consecration.

Miss Noyes is a daughter of Kansas, took the degree of Bachelor of Science in the State Agricultural College, and her nurse's training in the Lakeside Hospital Training School. She was head nurse in Anatolia Hospital, Merzifoun, Turkey, 1909–15 and has also worked there, 1919–27. After all these years as an associate missionary, she has now received permanent appointment, and has returned to her station, sailing September 20.

Rev. Alden B. Case, formerly associate missionary of the Board in Mexico, was the first missionary of any denomination to work among the Mexicans of Southern California. Out of his efforts in the early days, when he covered the circuit with horse and buggy, grew up a flourishing interdenominational work, which later developed into the enlarged denominational agencies now operating throughout the state.

Hence it was fitting that the Social Hall of the newly erected Pomona Mexican Mission, which was dedicated free of debt June 17, should be made a memorial to his labors. His family pledged $500 toward this mission. Americans and Mexicans mingled in the crowd that packed the auditorium. Dr. E. M. Sein, pastor of the Plaza Methodist Church of Los Angeles, stressed the need of a more cordial friendship between the two peoples, and congratulated the assemblage on the evidences of a true Christian conception of these relations.

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## LETTERS FROM OVERSEAS

*Concluded from page 438*

if he had not come to us and had not had that initial dose of antitoxin, he certainly would have died.

"Then there is a case of liver abscess. A Brahmin from Wai he is, and his liver abscess was the sequel to an attack of amoebic dysentery. He is getting well with injections of emetine, without any surgery at all. In the Children's Ward we have two boys with tubercular spines, done up in plaster of Paris jackets, and having the time of their lives playing around on the tiled floors with nice toys that Miss Andrews saved for this special purpose out of our Christmas boxes.

"We have had many maternity cases since we wrote the last time. For many years we had only hopeless cases that came in *in extremis,* and very few even so. But now we are beginning to have a number of normal cases, for which we are very glad. We are beginning to get a majority of living babies, and have not lost a mother since we came back from furlough. One mother had lost six babies, every one still-born. She came and gave herself into our hands. She was in the Maternity Ward two months before delivery, a sweet Brahmin woman with lots of courage, but only one ambition in life, which was satisfied with the birth of a perfectly splendid baby boy. He was the whitest, most beautiful Indian babe I have had the good fortune to see. And every one, nurses, patients all through the hospital, as well as the doctors in charge, rejoiced over that baby. It more than paid for the two months of inconvenience and pollution (as it seemed to her) that she had to undergo beforehand.

"There are many others I could tell you about. To go around the hospital and tell you in detail about the history of each of the seventy-five or more patients lying there would be too much altogether for you to endure, though to us each one has something of surpassing interest."

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"One of my first and most interesting experiences in Merzifoun was that of attending, with the other American ladies, a Turkish engagement party. After we had watched two hundred ladies gather in the courtyard, noting the latest Paris models of *charshaffs*, dresses, necklaces, the bride-to-be appeared, led by the lady-in-waiting. She kissed the hands of the groom's relatives and of her own relatives and immediate friends, pressing them to her forehead in true Oriental fashion, then disappeared without having said one word. A few pieces of candy wrapped in gaily colored paper were passed around as refreshments. As I looked into the faces of those women, most of whom could neither read nor write, and all of whom were without Christ, I felt anew the challenge to present the living Christ."

## THE CHRONICLE

### SAILINGS FOR THE FIELD

September 13. From Boston, Dr. and Mrs. Walter F. Hume, returning to Marathi Mission.

September 15. From New York, Misses Dorothy B. Allen and Rachel P. Barnes, *en route* to Marathi Mission.

September 20. From New York, Misses Diantha L. Dewey, Fanny G. Noyes and Annie M. Barker, returning to Turkey Mission, and Miss Mabel E. Emerson, *en route* to Turkey and Africa for deputation work.

September 22. From Seattle, Rev. and Mrs. Paul R. Reynolds, returning to North China Mission, and Rev. Edwin D. Kellogg, returning to Shaowu Mission.

September 24. From Los Angeles, Miss Bertha H. Allen, returning to Foochow Mission.

September 28. From San Francisco, Rev. and Mrs. Willard L. Beard, returning to Foochow Mis-


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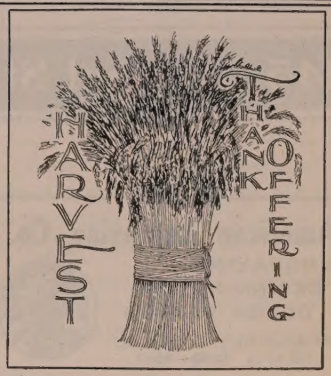


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sion; Miss Frances K. Bement, returning to Foochow Mission; and Miss Estella L. Coe, returning to Japan Mission.

September 30. From Boston, Mr. and Mrs. G. Ross Thomas, *en route* to Marathi Mission.

ARRIVALS ON THE FIELD

September 1. In Guadalajara, Mexico, Rev. and Mrs. Henry P. D. Leach, joining the mission.

September 4. In Constantinople, Miss Mary I. Ward, returning to the mission, and Miss Marjory E. Hostetter, joining the mission.

September 5. In Constantinople, Rev. and Mrs. F. W. MacCallum and Rev. and Mrs. Harrison A. Maynard, returning to the mission, and Mr. and Mrs. Harry R. Meyering, joining the mission.

September 6. In Constantinople, Mr. and Mrs. Luther R. Fowle, returning to the mission; Mr. Fred H. Thompson, and Misses Alice P. Lindsley, Bertha D. Colmyer, Marion Sheldon, and Mr. and Mrs. Raymond F. White, joining the mission; and Rev. and Mrs. Merrill N. Isley, *en route* to Aintab.

September 10. In Constantinople, Miss Elsa Feichtinger, joining the mission.

September —. In Salonica, Greece, Miss Doris I. Robert, joining the mission, and Messrs. Harold Graves and Marion C. Hine, joining the Anatolia College staff.

September —. In Smyrna, Turkey, Messrs. Leon Loofbourow, C. Darcie Anderson, and Perry D. Avery, joining the International College staff.

September —. In Athens, Greece, Miss Dorothy K. Barker, joining Turkey Mission.

September —. In Salonica, Greece, Mr. Wilbur R. Newman, joining Anatolia College staff.

ARRIVALS FROM THE FIELD

September 9. In New York, Rev. Lucius C. Porter, of Peking, China.

BIRTHS

September 2. In Karuizawa, Japan, a daughter, Winifred Alice, to Rev. and Mrs. George C. Lockwood, of Micronesia Mission.

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